

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90033 036 ****61.25

DOCUMENT # 735744

1. Entity Name
WOODLANDS AT PALM COAST ASSOCIATION, INC.



Principal Place of Business
POST OFFICE BOX 351870
PALM COAST, FL 32137-7313

Mailing Address
POST OFFICE BOX 351870
PALM COAST, FL 32137-7313

50003864



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2235901

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PREFERRED MANAGEMENT SERVICES
~~300 N. OCEAN BLVD~~ 109 S. 6th St. - Apt. 101
FLAGLER BEACH, FL 32136

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Brenda S. Ferrell

1-13-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | P |
| NAME | FERRELL, BRENDA |
| STREET ADDRESS | 21 BLACKWELL PL |
| CITY-ST-ZIP | PALM COAST, FL 32137 |
| TITLE | VP |
| NAME | MILLER, DONNA |
| STREET ADDRESS | 15 BLEAU CT |
| CITY-ST-ZIP | PALM COAST, FL 32137 |
| TITLE | S |
| NAME | JONES, TAMI |
| STREET ADDRESS | 22 BLACKBURN PLACE |
| CITY-ST-ZIP | PALM COAST, FL 32137 |
| TITLE | T & Vice President |
| NAME | MANCINI, KAY |
| STREET ADDRESS | 7 BLAINE DR |
| CITY-ST-ZIP | PALM COAST, FL 32137 |
| TITLE | SECRETARY |
| NAME | DONNA MILLER |
| STREET ADDRESS | 15 BLEAU CT. |
| CITY-ST-ZIP | PALM COAST, FL 32137 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brenda S. Ferrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-05

Date

Daytime Phone #