

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 744487

1. Entity Name
**WOOD HILL ESTATES PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business

**2569 HOPE LANE WEST
PALM BEACH GARDENS, FL 33410 US**

Mailing Address

**2569 HOPE LANE WEST
PALM BEACH GARDENS, FL 33410 US**

DO NOT WRITE IN THIS SPACE



02012006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

59-2281588

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PHILLIPS, DAVID
2569 HOPE LANE WEST
PALM BEACH GARDENS, FL 33410**

**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

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

(NOTE: Registered Agent signature required when registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PHILLIPS, DAVID 2569 HOPE LANE WEST WEST PALM BEACH, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURDEN, DAN 2659 HOPE LANE WEST WEST PALM BEACH, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BURDEN, BETSY 2659 HOPE LANE W PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000427417
02/21/06-80007-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Phillips
David Phillips

2/1/06

Date

561-694-9206

Daytime Phone