## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #744956**

1. Entity Name

WOODVUE PROPERTY OWNER'S ASSOCIATION, INC.



FILED Feb 14, 2007 08:00 Al Secretary of State

Principal Place of Business

2605 GREEN BRIAR DR DELRAY BEACH, FL 33445 Mailing Address

2605 GREEN BRIAR DR DELRAY BEACH, FL 33445



DO NOT WRITE IN THIS SPACE 02082007 No Chg-NP

 02082007
 No Chg-NP
 CR2E037 (4/06)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ENGLISH, ELIZABETH 2605 GREEN BRIAR RD DELRAY BEACH, FL 33445 DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its registered	office or r	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered A				Agent signature required when reinstating) DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financia     Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGLISH, ELIZABETH 2605 GREEN BRIAR DR DELRAY BEACH, FL 33445			e.		
IITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ENGLISH, ELIZABETH 2605 GREEN BRIAR DR DELRAY BEACH, FL 33445				000000636202 02/26/07-80007-014-61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				• •		
TITLE NAME STREET ADDRESS						

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: Elyabeth G. English

CITY-ST-ZIP

2/9/07