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**Secretary of State**

04-14-1999 90001 017 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 746349**

1. Corporation Name

**THE WOODS OF PORT ST. JOHN PROPERTY OWNERS' ASSO  
 CIATION, INC.**

Principal Place of Business

925 MACCO RD  
 COCOA FL 32927

Mailing Address

925 MACCO RD  
 COCOA FL 32927



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/20/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2011299

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing  
 Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, DONALD E.  
 920 MACCO ROAD  
 COCOA FL 32927

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME VD  
 CISOWSKI, KAZIMIERZ  
 STREET ADDRESS 206 MANTH AVENUE  
 CITY-ST-ZIP COCOA, FL 00000

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME PD  
 DAWES, RUTH  
 STREET ADDRESS 912 MACCO RD  
 CITY-ST-ZIP COCOA, FL 00000

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME D  
 ROBISON, SUZANNE  
 STREET ADDRESS 940 EYERLY ST.  
 CITY-ST-ZIP COCOA, FL 00000

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME TD  
 LOCUSON, BELINDA  
 STREET ADDRESS 995 TOPE ST  
 CITY-ST-ZIP COCOA FL

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME D  
 BOSSOM, ROBERT  
 STREET ADDRESS 969 ELKCAM BLVD  
 CITY-ST-ZIP COCOA FL

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME SD  
 PORTZ, STEVE  
 STREET ADDRESS 229 MANTH AVENUE  
 CITY-ST-ZIP COCOA, FL 00000

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ruth Dawes* 4-8-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)