


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90099 031 ****61.25

DOCUMENT # 746349					
1. Entity Name THE WOODS OF PORT ST. JOHN PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 925 MACCO RD COCOA, FL 32927			Mailing Address 925 MACCO RD COCOA, FL 32927		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2011299	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FREEMAN, DEBBIE 4440 COMFORT ST COCOA, FL 32927			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALDOCK, JEFF		NAME	Alfred Boettjer	
STREET ADDRESS	6400 GOLFVIEW		STREET ADDRESS	1000 Galleon	
CITY-ST-ZIP	COCOA, FL 32927		CITY-ST-ZIP	Cocoa, FL 32927	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUFO, ANGIE		NAME	Tim Rowell	
STREET ADDRESS	960 POINSETTA		STREET ADDRESS	919 Elkcam Blvd.	
CITY-ST-ZIP	COCOA, FL 32927		CITY-ST-ZIP	Cocoa, FL 32927	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, DON		NAME	Vicky Smith	
STREET ADDRESS	920 MACCO		STREET ADDRESS	938 Elkcam Blvd.	
CITY-ST-ZIP	COCOA, FL 32927		CITY-ST-ZIP	Cocoa, FL 32927	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEX, DEAN		NAME	Sheri Miller	
STREET ADDRESS	888 ELKEAM BVLD		STREET ADDRESS	1021 Galleon	
CITY-ST-ZIP	COCOA, FL 32927		CITY-ST-ZIP	Cocoa, FL 32927	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARMON, RICK		NAME	Robert Hubert	
STREET ADDRESS	900 ELKEAM BLVD		STREET ADDRESS	217 manth Ave	
CITY-ST-ZIP	COCOA, FL 32927		CITY-ST-ZIP	Cocoa, FL 32927	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	I	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEY, BRANDI		NAME		
STREET ADDRESS	960 TOPE		STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 32927		CITY-ST-ZIP		
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: _____				4-13-04 (321) 635-8574	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	