



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90406 023 ****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			
Zip	Country	Zip	Country	4. FEI Number 59-2011299	
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, CORTNEY 4440 COMFORT ST COCOA, FL 32927			Name Sheri Miller Street Address (P.O. Box Number is Not Acceptable) 1025 Galleon City Cocoa FL Zip Code 32927		
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 Sheri Miller <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE 4/25/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD BOETTJRER, ALFRED 1000 GALLEON COCOA, FL 32927	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUFO, ANGIE 960 POINSETTA COCOA, FL 32927	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Rufo, Angie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DON 920 MACCO COCOA, FL 32927	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, VICKY 938 ELKCAM BLVD COCOA, FL 32927	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smith, Vicky <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARMON, RICK 900 ELKEAM BLVD COCOA, FL 32927	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Prietz, Richie 1000 Galleon Cocoa, FL 32927 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROWELL, TIM 919 ELKCAM BLVD. COCOA, FL 32927	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rowell, Tim <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date 4/25/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40076003



04242006 Chg-NP CR2E037 (11/05)

Applied For
Not Applicable

8.75 Additional Fee Required


7. Name and Address of New Registered Agent
 Name **Sheri Miller**
 Street Address (P.O. Box Number is Not Acceptable)
1025 Galleon
 City **Cocoa** FL Zip Code **32927**

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 **Sheri Miller**
 DATE **4/25/06**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
Make check payable to Florida Department of State

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SIGNATURE:  Date **4/25/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR