


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90194 027 ****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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

400603



04112007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2011299

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MILLER, SHERI
 1021 GALLEON
 COCOA, FL 32927**

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

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 releasing) DATE

Filing Fee is **\$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOETTJRER, ALFRED <input type="checkbox"/> Delete 1000 GALLEON COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUFO, ANGIE <input type="checkbox"/> Delete 960 POINSETTA COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DON <input type="checkbox"/> Delete 920 MACCO COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, VICKY <input type="checkbox"/> Delete 938 ELKCAM BLVD COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARMON, RICK <input type="checkbox"/> Delete 900 ELKCAM BLVD COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROWELL, TIM <input type="checkbox"/> Delete 919 ELKCAM BLVD. COCOA, FL 32927

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Richard Freitz 442 Arabella COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Alfred Boettjer 1000 Galleon COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Linda Howard 1000 Galleon COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Melanie McCorvey 941 Galleon COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suzanne Robison 940 Eyerly COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tim Rowell 919 Elkcam COCOA, FL 32927

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: Sheri Miller 4/13/07 321-632-6158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #