

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90043 037 \*\*\*\*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**

**40067738**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04112008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-2011299**

Applied For  
 Not Applicable

Zip Country Zip Country

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: Sheri Miller Sheri Miller 4/11/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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	P	<input type="checkbox"/> Delete
NAME	PREITZ, RICHARD	
STREET ADDRESS	442 ARBELLA	
CITY-ST-ZIP	COCOA, FL 32927	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOETTJER, ALFRED	
STREET ADDRESS	1000 GALLEON	
CITY-ST-ZIP	COCOA, FL 32927	
TITLE	<input checked="" type="checkbox"/> T	<input type="checkbox"/> Delete
NAME	HOWARD, LIDA	
STREET ADDRESS	1000 GALLEON	
CITY-ST-ZIP	COCOA, FL 32927	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MCCORVEY, MELANIE	
STREET ADDRESS	941 GALEON	
CITY-ST-ZIP	COCOA, FL 32927	
TITLE	<input checked="" type="checkbox"/> S	<input type="checkbox"/> Delete
NAME	ROBINSON, SUZANNE	
STREET ADDRESS	940 EYERLY	
CITY-ST-ZIP	COCOA, FL 32927	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROWELL, TIM	
STREET ADDRESS	919 ELKCAM	
CITY-ST-ZIP	COCOA, FL 32927	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bradley, Jonathon Sr.	
STREET ADDRESS	1285 N. Tropical Trail	
CITY-ST-ZIP	Merritt Island, FL 32953	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shirley Sneesby	
STREET ADDRESS	920 Galleon St	
CITY-ST-ZIP	Cocoa, FL 32927	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pat Bieniasz	
STREET ADDRESS	940 Tope	
CITY-ST-ZIP	Cocoa, FL 32927	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelly Dittmer	
STREET ADDRESS	955 Palm	
CITY-ST-ZIP	Cocoa, FL 32927	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [Signature] [Signature] 4/11/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #