


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

03-21-2007 90040 047 ****61.25

DOCUMENT # 758899 1. Entity Name WOODCREST TOWNHOMES ASSOCIATION, INC.					
Principal Place of Business 1938 WOODCREST DRIVE WINTER PARK FL 32792			Mailing Address 1938 WOODCREST DRIVE WINTER PARK FL 32792		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2144910	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BOWLES, ROBERT W 265 W LAKE DRIVE MAITLAND FL 32751				7. Name and Address of New Registered Agent Name MARY Cecelia Street Address (P.O. Box Number is Not Acceptable) 1938 Woodcrest Dr. Winter Park City FL Zip Code 32792	
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 <u>Mary Cecelia</u> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent's signature is required when installing)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D EBERTS, FRANCES L. <input type="checkbox"/> Delete 2200 PANTHER TRAIL #208 AUSTIN TX 78704				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPTS CECILIA, MARY <input type="checkbox"/> Delete 1938 WOODCREST DRIVE WINTER PARK FL 32792				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BOWLES, ROBERT W <input checked="" type="checkbox"/> Delete 265 W LAKE FAITH DRIVE MAITLAND FL 32751				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D RIVERS, JOHN T <input type="checkbox"/> Delete 265 W LAKE FAITH DRIVE MAITLAND FL 32751				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input 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 Section 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: <u>Mary Cecelia</u> MARY CECILIA 4.9.07 407 405 4467 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					