


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 761765 1. Entity Name WAYSIDE WOODS HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business <UNUSED> SANFORD, FL 32771	Mailing Address 100 WAYSIDE COURT SANFORD, FL 32771
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06302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2095259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEE, WARREN
100 WAYSIDE COURT
SANFORD, FL 32771**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLFF, PETER 232 WOODS TRAIL SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LENT, THOMAS 105 WAYSIDE COURT SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRUTCHFIELD, JAY 233 WOODS TRAIL SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEE, SHERRY 100 WAYSIDE COURT SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/06/07-80002-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/07 (40) 322-5888
Date Daytime Phone #