


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

FILED
Apr 23, 2007 08:00 AM
Secretary of State

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # 770377 1. Entity Name THE WOODS OF FILMORE ASSOCIATION, INC. | | | |  | |
| Principal Place of Business % LINDA F. ROBERSON 9855 REGENCY SQUARE BLVD., #2 JACKSONVILLE FL 32225 | | | Mailing Address 622 FILMORE STREET ORANGE PARK FL 32065 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2370497 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROBERSON, LINDA F. 9855 REGENCY SQ BLVD #2 JACKSONVILLE FL 32225 | | | | 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 <u><i>Linda Roberson</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | DATE <u>4/18/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</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 | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PD EDGERTON, JOHN 2215 RIVER BLVD JACKSONVILLE FL | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000725293 05/03/07-80017-002 61.25 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | SD ROBERSON, LINDA 9855 REGENCY SQ BLVD 2 JACKSONVILLE FL 32225 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VP BOLING, WILLIAM K 4732 ALCONQUIN JACKSONVILLE FL | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | | <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><i>Linda Roberson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | DATE <u>4/18/07</u> <u>904-724-0774</u> <small>Designation Phone</small> | |