


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90004 026 ****61.25

DOCUMENT # N00000003302 1. Entity Name WOODBURY COVE COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 13627 DORNOCH DR. ORLANDO, FL 32828 US		Mailing Address P.O. BOX 4656 ORLANDO, FL 32793 US	
2. Principal Place of Business <i>190 N. Westmonte Dr.</i>		3. Mailing Address <i>190 N. Westmonte Dr.</i>	
Suite, Apt. #, etc. <i>Suite 100</i>		Suite, Apt. #, etc. <i>Suite 100</i>	
City & State <i>Altamonte Springs, FL</i>		City & State <i>Altamonte Springs, FL</i>	
Zip <i>32714</i>		Zip <i>32714</i>	
Country <i>Seminole</i>		Country <i>Seminole</i>	
4. FEI Number 59-3696709		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROPERTY FIRST, INC. C/O BETH PALMER 13627 DORNOCH DR. ORLANDO, FL 32828		7. Name and Address of New Registered Agent Name <i>Marilyn Campbell C/O Central Property mgmt</i> Street Address (P.O. Box Number is Not Acceptable) <i>190 N. Westmonte Dr.</i> Suite 100 City <i>Altamonte Springs FL</i> Zip Code <i>32714</i>	
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 <i>Marilyn Campbell</i> <i>MARILYN CAMPBELL</i> 7/17/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 6, 2006		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	DP WHITE, TASHA 12478 WOODBURY COVE DR. ORLANDO, FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PASTRANA, MICHAEL 1253 WOODBURY COVE DR. ORLANDO, FL 32822 <i>32828</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARCOLINI-QUINN, MELISSA 12461 WOODBURY COVE DR. ORLANDO, FL 32822 <i>32828</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROSENWASSER, STEVE 12497 WOODBURY COVE ORLANDO, FL 32822 <i>32828</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELENDEZ, KELLEY 12503 WOODBURY COVE DR. ORLANDO, FL 32822 <i>32828</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <i>Michael Pastrana</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>7-26-06</i> Daytime Phone # <i>407-310-6583</i>	

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