

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003498

FILED
Mar 21, 2007
Secretary of State

Entity Name: WOODVIEW VILLAS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434 - STE. 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434 - STE. 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3649553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 W SR 434 - SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BENEDETTO, JOE D
Address: 958 W SILVER MEADOW LP
City-St-Zip: HERNANDO, FL 34442

Title: VPD () Delete
Name: JOHANSEN, BOB
Address: 993 W SKYVIEW CROSSING DR
City-St-Zip: HERNANDO, FL 34442

Title: SD () Delete
Name: SCHAEFFER, RICK
Address: 1026 W COPPER MIST CT
City-St-Zip: HERNANDO, FL 34442

Title: TD () Delete
Name: CUNNINGHAM, DON
Address: 963 W SKYVIEW CROSSING DR
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: OLSTYNSKI, HENRIETTA
Address: 884 W SKYVIEW CROSSING DR
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CARANNANTE, JOE
Address: 952 W SKYVIEW CROSSING DR
City-St-Zip: HERNANDO, FL 34442

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE BENEDETTO

PD

03/21/2007

Electronic Signature of Signing Officer or Director

Date