

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000007529					
1. Entity Name THE WOODLANDS AT GLEN ABBEY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 4303 ENTERPRISE FL 32725 US			Mailing Address P.O. BOX 4303 ENTERPRISE FL 32725 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3689106	
5. Name and Address of Current Registered Agent WILLIAMS, JANICE 245 GARFIELD RD DELTONA FL 32725				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
6. 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)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. ☐		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 ESPOSITO, WILLIAM 532 SOFT SHADOW LANE DE BARY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000431999 ☐ Change ☐ Addn 02/23/06-80052-004 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SMITH, LESLIE 518 TERA PLANTATION DR. DE BARY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addn	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST INGLIMA, THOMAS 536 SOFT SHADOW LANE DE BARY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addn	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addn	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addn	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addn	

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: *William A. Esposito*