2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 04, 2005 8:00 am Secretary of State

1. Entity Nan	MENT # N01000020 wood village co-op, inc		04	50033962			
1060 US HW	ce of Business NY ONE 1, FL 32962-5650	2-5650					
Principal Place of Business 3.		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212005 Ch	ng-NP CR2	E037 (10/03)	
City & State :		City & State		4. FEI Number 65-109019	0		plied For
Zip	Country	Zip	Country	5. Certificate of Sta	- 4	\$8.75 Add	iitional
	6. Name and Address of Current Re	gistered Agent		7. Name and Add	ress of New Registe		<u> </u>
8. The above the obliga SIGNATURE	e named entity submits this statement for the titions of registered agent. Richard P. Signature, typed or printed name of registered agent and Filling Fee is \$61.25	inte if applicable. (NOTE:	Registered Agent signature re		the State of Florida. I		303 and accept
10.	Due by May 1, 2005 OFFICERS AND DIREC	Trust Fund Co		Added to Fees		partment of Si	
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	PD WOODWARD, PAUL L 1060 SOUTH US HWY ONE, LOT 2 VERO BEACH, FL 32962	Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGE	ES TO OFFICERS ANI	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CULLEN, JOHN 1060 SOUTH US HWY ONE, LOT VERO BEACH, FL 32962	🔀 Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Boes, John Boes John Bero Beac	n J. US HWY.	□ Change Lot = 2 2962	Addition 7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CREMEANS, GARY 1060 SOUTH US HWY ONE, LOT VERO BEACH, FL 32962	Delete	TITLE ~ NAME STREET ADDRESS CITY-ST-ZIP				Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINKELMAN, JOE 1060 US HWY ONE , LOT 57 VERO BEACH, FL 32962	. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME	D RABEY, DANIEL	☐ Delete	TITLE NAME			Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME .

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

1060 US HWY ONE, LOT 116

VERO BEACH, FL 32962

INTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-1-05

Daytime Phone #

☐ Change ☐ Addition