


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90110 037 \*\*\*\*61.25

<b>DOCUMENT # N01000004686</b>	
1. Entity Name <b>WOODFIELD AT HERITAGE OAKS HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>582 HWY A1A SATELLITE BEACH, FL 32937</b>	Mailing Address <b>582 HWY A1A SATELLITE BEACH, FL 32937</b>
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2. Principal Place of Business <b>1978 Rockledge Blvd</b>	3. Mailing Address <b>1978 Rockledge Blvd</b>
Suite, Apt. #, etc. <b>Suite 106</b>	Suite, Apt. #, etc. <b>Suite 106</b>
City & State <b>Rockledge FL</b>	City & State <b>Rockledge FL</b>
Zip <b>32955</b>	Country <b>USA</b>



01202006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3741065</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DEPENDABLE PROPERTY MANAGEMENT OF BREVARD 582 HWY A1A SATELLITE BEACH, FL 32937</b>	
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7. Name and Address of New Registered Agent Name <b>Advanced Property Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>1978 Rockledge Blvd</b> Suite <b>106</b> City <b>Rockledge</b> <b>FL</b> Zip Code <b>32955</b>	
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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 <b>Wickie H Martin</b> DATE <b>1-31-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PITCHES, ALVINA 2472 WOODFIELD CIRCLE WEST MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cook, Stephen 2575 Summerwind Ct. West Melbourne, FL 32904 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KING, SHARON 1942 WOODFIELD CIRCLE WEST MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD King, LENOX 1942 Woodfield Circle West Melbourne, FL 32904 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALBERG, DUKE 2452 WOODFIELD CIRCLE WEST MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Salberg, Duke 2542 Woodfield Circle West Melbourne, FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MUSSEY, RICHARD 2033 WOODFIELD CR WEST MELBOURNE, FL 32904 <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	DD Dick, Jennifer 1983 Woodfield Circle West Melbourne, FL 32904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DNP Connors, JOE 2153 Woodfield Cir. West Melbourne, FL 32904 <input type="checkbox"/> Change <input checked="" 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: <b>Richard Mussey, TD</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>3/21/06</b> Daytime Phone # <b>321-676-4200</b>