


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

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000005103 1. Entity Name WOODTRACE OF HERNANDO HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 34550 MISSION BELL LANE DADE CITY, FL 33535	Mailing Address 34550 MISSION BELL LANE DADE CITY, FL 33535
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01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3731987	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent AUVIL, JONATHAN L 37837 MERIDIAN AVENUE SUITE 314 DADE CITY, FL 33525
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**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TABB, JAMES K JR 34550 MISSION BELL LANE DADE CITY, FL 33535
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TABB, JANICE T 34550 MISSION BELL LANE DADE CITY, FL 33535
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAVALL, BRUCE V 34041 MADISON AVENUE DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/10/05-80078-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Janice T. Tabb Date: 1/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice T. Tabb, Secretary