2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01453

1. Entity Name
THE WOODS AT ANDERSON PARK RECREATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
39650 US HWY 19 N #500 TARPON SPRINGS, FL 34689 US	39650 US HWY 19 N #500 TARPON SPRINGS, FL 34689 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01042008   Chg-NP   CR2E037 (12/06)

4. FEI Number 59-2883635   Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, PATRICIA 39650 US 19 N UNIT 324 TARPON SPRINGS, FL 34689	Name:
	Street Address (P.O. Box Number is Not Acceptable):
	City: FL Zip Code:

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 _____

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

Filing Fee is $61.25 Due by May 1, 2008	**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: PD / NAME: HENLEY, RONALD / STREET ADDRESS: 39650 US 19 NORTH # 123 / CITY-ST-ZIP: TARPON SPRINGS, FL 34689	☐ Delete	TITLE: *DIRECTOR* / NAME: / STREET ADDRESS: / CITY-ST-ZIP:	☒ Change	☐ Addition
TITLE: TD / NAME: MEHL, DOROTHEA / STREET ADDRESS: 39650 US 19 NORTH # 1013 / CITY-ST-ZIP: TARPON SPRINGS, FL 34689	☐ Delete	TITLE: / NAME: / STREET ADDRESS: / CITY-ST-ZIP:	☐ Change	☐ Addition
TITLE: SD / NAME: FRANCZAK, MARY JO / STREET ADDRESS: 3950 US 19 NORTH # 0442 / CITY-ST-ZIP: TARPON SPRINGS, FL 34689	☐ Delete	TITLE: / NAME: / STREET ADDRESS: / CITY-ST-ZIP:	☐ Change	☐ Addition
TITLE: D / NAME: COULTES, RICHARD / STREET ADDRESS: 39650 US 19 N #1412 / CITY-ST-ZIP: TARPON SPRINGS, FL 34689	☒ Delete	TITLE: / NAME: / STREET ADDRESS: / CITY-ST-ZIP:	☐ Change	☐ Addition
TITLE: VPD / NAME: PEASE, RICHARD / STREET ADDRESS: 39650 US 19N #514 / CITY-ST-ZIP: TARPON SPRINGS, FL 34689	☐ Delete	TITLE: *PRESIDENT* / NAME: / STREET ADDRESS: / CITY-ST-ZIP:	☒ Change	☐ Addition
TITLE: *VPD* / NAME: *JANICE NUGENT* / STREET ADDRESS: *39650 US 19 N # 643* / CITY-ST-ZIP: *TARPON SPRINGS FL 34689*	☐ Delete	TITLE: / NAME: / STREET ADDRESS: / CITY-ST-ZIP:	☐ Change	☒ 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: _Dorothea Mehl_   2/23/08   727-938-6353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #