## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01580

FILED Mar 29, 2005 Secretary of State

Entity Name: WOODS OF PALMA SOLA HOMEOWNERS' ASSOCIATION, INC.

	rincipal Place of Business:	New Principal Place of Business:
401 73RD P. O. BOX BRADENT		
Current Mailing Address:		New Mailing Address:
101 73RD P. O. BOX BRADENT		
El Number	: FEI Number Applied For()	FEI Number Not Applicable (X) Certificate of Status Desired ( )
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
ROGERS, 401 73RD BRADENT		
	e named entity submits this statement for the p e of Florida.	ourpose of changing its registered office or registered agent, or both,
SIGNATUI		
	Electronic Signature of Registered Age	
OFFICER:	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Fitle: Name: Address: City-St-Zip:	T () Delete ROGERS, GAIL 401 73RD STREET NW BRADENTON, FL 34209	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Fitle: Name: Address: Dity-St-Zip:	D () Delete PEASE, STEPHEN 305 72ND ST NW BRADENTON, FL 34209	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Γitle:	D ( ) Delete	Title: ( ) Change ( ) Addition
Name: Nddress:	PRUITT, JUDY 214 73RD ST NW BRADENTON, FL 34209	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	214 73RD ST NW	Name: Address:
lame: Address: City-St-Zip: Title: lame: Address:	214 73RD ST NW BRADENTON, FL 34209  S () Delete CLARK, MARCIA 7410 2ND AVENUE NW	Name: Address: City-St-Zip:  Title: S (X) Change ( ) Addition Name: DAVIDSON, JOHN Address: 7413 2ND AVENUE NW

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL C. ROGERS T 03/29/2005