2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

Principal Place of Business	P.O. BOX 621544 OVIEDO, FL 32762 US	05-02-2008 90178 037 ****	Secretary of Sta 05-02-2008 90178 037 ****61.		CIATION, INC.	MENT # N01958 WOODS HOMEOWNERS' ASSO	1. Entity Name
Surile, Apt. #, etc. Surile, Apt. #, etc. Surile, Apt. #, etc. Surile, Apt. #, etc. O4072008 Chg-NP CR2E037 (12/06) City & State City & State City & State Country Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Requir	3. Mailing Address				BOX 621544	DRIVE P.O.	2184 GENOVA DRIVE
City & State City & State City & State City & State Country Country Country Country Country Country Country Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name CASSIDY, DONNA 2436 GENOVA DR. OVIEDO, FL 32765 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 act the obligations of registered agent. SiGNATURE Filling Fee is \$61.25 Due by May 1, 2008 Trust Fund Contribution. DATE Filling Fee is \$61.25 Due by May 1, 2008 Trust Fund Contribution. Detele Thus CASSIDY, DONNA Street Address (P.O. Box Number is Not Acceptable) DATE Filling Fee is \$61.25 Due by May 1, 2008 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE T CASSIDY, DONNA E STREET ADDRESS CITY-ST-2P OVIEDO, FL 32765 CITY-ST-2P OVIEDO, FL 32765			F FOURIEF EN OUTSF KLOU DOUG DIEN ONER DET BOOK EILE EKKIN BUUL OUEN BREIJN.		ling Address	ce of Business - No P.O. Box # 3. Ma	2. Principal Place of B
Signature Sign	04072000 Chg-NP CR2E037	04072008 Chg-NP CR2E037 (12/06)	04072008 Chg-NP CR2E037 (12/06)				Suite, Apt. #, etc.
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASSIDY, DONNA 2436 GENOVA DR. OVIEDO, FL 32765 City 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 act the obligations of registered agent. SIGNATURE Filling Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. DATE ### Added to Fees #		E0 0300430	E0 0200420		ty & State		City & State
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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 act the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Added to Fees Florida Department of State			ddress (P.O. Box Number is Not Acceptable)			VA DR.	2436 GENOVA D
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12. I hereby certify that the information supplied with this filling 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 chapter the processed of the corporation of the corpor

SIGNATURE A OKKO Co. Co

4-18-1008 407-349-536