2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000329

FILED Mar 08, 2008 Secretary of State

Entity Name: WOODLANDS EAST AT PONTE VEDRA ASSOCIATION, INC.

Current Principal Place of Business: 420 WOODY CREEK DR PONTE VEDRA BEACH, FL 32082			New Prin	New Principal Place of Business: 240 WOODY CREEK DR PONTE VEDRA BEACH, FL 32082	
Current M	lailing Addre	ss:	New Mai	New Mailing Address:	
P.O. BOX PONTE VE	345 EDRA BEACH	, FL 32004			
FEI Number	: 01-0583310	FEI Number Applied For ()	FEI Number Not Ap	oplicable () Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	: Name an	nd Address of New Registered Agent:	
KNIGHT, WILLIAM J 420 WOODY CREEK DR PONTE VEDRA BEACH, FL 32082 US			240 WO	KNIGHT, WILLIAM J 240 WOODY CREEK DR PONTE VEDRA BEACH, FL 32082 US	
	e named entity e of Florida.	submits this statement for th	ne purpose of changing	g its registered office or registered agent, or both,	
SIGNATURE:				03/08/2008	
	Electro	nic Signature of Registered		Date	
OFFICER	S AND DIREC	CTORS:	ADDITIC	ONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	HARKEY, JIM 437 E WOODH) Delete HAVEN DR A BEACH, FL 32082	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DICKERSON, I 425 E WOODH		Title: Name: Address: City-St-Zip:	D (X) Change () Addition HERSHBERGER, ALAN 220 WOODY CREEK DR. : PONTE VEDRA BEACH, FL 32082	
Title: Name: Address: City-St-Zip:	KNIGHT, WILL 420 WOODY C		Title: Name: Address: City-St-Zip:	T (X) Change () Addition KNIGHT, WILLIAM J 240 WOODY CREEK DR : PONTE VEDRA BEACH, FL 32082	
Title: Name: Address: City-St-Zip:	SMALLWOOD, 433 E WOODH		Title: Name: Address: City-St-Zip:	S (X) Change () Addition WOODS, MARY ANN 508 FRESH POND RD : PONTE VEDRA BEACH, FL 32082	
Title: Name: Address:	D (AMERSON, GL 421 E WOODH		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM J. KNIGHT TRES 03/08/2008