

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000005177**

1. Entity Name  
**WOODCREST COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**1061 WESTCHESTER DR. E  
WEST PALM BEACH, FL 33417**

Mailing Address  
**1061 WESTCHESTER DR. E  
WEST PALM BEACH, FL 33417**



02022005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**32-0021655**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TRAINOR, SCOTT D  
1410 WESTCHESTER DRIVE NORTH  
WEST PALM BEACH, FL 33417**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	NICHOLS, MIKE
STREET ADDRESS	1401 WOODCREST RD. W
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	PD
NAME	BISHOP, BARBARA
STREET ADDRESS	1061 WESTCHESTER DRIVE EAST
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	T/D
NAME	KAYLOR, TAMMY
STREET ADDRESS	1206 WOODCREST RD. W
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	SD
NAME	THOMASSON, GERALDINE C
STREET ADDRESS	1250 WESTCHESTER DR. E
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11010000276403  
03/25/05-80038-014 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BARBARA BISHOP**

**23 MAR 2005 561-478-2684**

Date

Daytime Phone #