2006 NOT-FOR-PROFIT CORPORATION

Mar 06, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N02000005222 03-06-2006 90002 039 ****61.25 WOODSONG HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 915322 165 W SR 434 WINTER SPRINGS, FL 32708 LONGWOOD, FL 32791 2. Principal Place of Business 3. Mailing Address 197043 <u> 120. Bok</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 02022006 Chg-NP CR2E037 (11/05) 4. FEI Number 06-1638745 City & State City & State Applied For Winter Springs Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 32719 Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent Name merston NATIONAL ASSOCIATION MANAGEMENT COMPANY Street Address (P.O. Box Number is Not Acceptable) 165 WEST S.R. 434 WINTER SPRINGS, FL 32708 434 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Treasurer TITLE ☐ Change 🛣 Addition TITLE Delete Wolcoff, Joei 1180 Cathcart Circle NAME MORALES, KIM NAME 1205 CATHCANT CIRCLE STREET ADDRESS STREET ADDRESS SANFORD, FL 32771 Sanford, FC 32771 CITY-ST-ZIP CITY-ST-7IP Change Delete TITLE Addition TITLE YOON, KRISTIAN NAME NAME Yoon, Kristin 1213 CATHCANT CIRCLE STREET ADDRESS STREET ADDRESS 1213 Cathcart Circle CITY+ST+7IP CITY-ST-7IP SANFORD, FL 32771 Sanford, FC 3277 Change TITLE ☐ Delete ■ Addition TITLE DeMaria, Marcel 1161 Cathcart Circle DE MARIA, MANUEL NAME _ NAME STREET ADDRESS 1161 CATHCANT CIRCLE STREET ADDRESS Sanford FC CITY-ST-ZIP SANFORD, FL 32771 CITY-ST-ZIP TITI F ☐ Change Addition TITLE Delete Kwiatkowski, Ruan NAME FINK, SANDY NAME 1148 Cathcart Circle 1209 CATHCANT CIRCLE STREET ADDRESS STREET ADDRESS Sanford, FL 32771 CITY-ST-7IP CITY-ST-ZIP SANFORD, FL 32771 VP- Secretion ☐ Change X Addition Delete TITLE TITLE Fragoso, Staci FRIEDBURG, DAMON NAME NAME 1216 CATHCANT CIRCLE STREET ADDRESS STREET ADDRESS SANFORD, FL 32771 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #