

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90093 029 ****61.25

DOCUMENT # N02121
 1. Entity Name
WOODSIDE AT SPRUCE CREEK, INC.



Principal Place of Business
834 FIRST STREET
PORT ORANGE, FL 32129 US

Mailing Address
PO BOX 291205
PORT ORANGE, FL 32129-1205 US

50011268



2. Principal Place of Business
 Suits, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01162005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-2377660

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SELWITZ, BARBARA J
834 FIRST STREET
PORT ORANGE, FL 32129

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 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**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLMES, GEORGE <input type="checkbox"/> Delete 1927 SPRUCEWOOD WAY PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORBES, BRUCE <input checked="" type="checkbox"/> Delete 1901 SPRUCEWOOD WAY PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURRAY, ELEANOR <input type="checkbox"/> Delete 1916 SPRUCEWOOD WAY PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VANS, JACQUE E <input type="checkbox"/> Delete 1928 SPRUCEWOOD WAY PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FARIA, ARTHUR R <input type="checkbox"/> Delete 1915 SPRUCEWOOD WAY PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT SELWITZ, BARBARA J <input type="checkbox"/> Delete 834 FIRST STREET PORT ORANGE, FL 321293836

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mueller, M. Bea <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1914 Sprucewood Way Port Orange, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: George C. Holmes **George Holmes** 01/17/05 **(386) 756-7700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #