

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

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



01092006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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 registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOLMES, GEORGE
STREET ADDRESS	1927 SPRUCEWOOD WAY
CITY-ST-ZIP	PORT ORANGE, FL 32128
TITLE	D
NAME	MUELLER, M. BEA
STREET ADDRESS	1914 SPRUCEWOOD WAY
CITY-ST-ZIP	PORT ORANGE, FL 32128
TITLE	TD
NAME	MURRAY, ELEANOR
STREET ADDRESS	1916 SPRUCEWOOD WAY
CITY-ST-ZIP	PORT ORANGE, FL 32128
TITLE	SD
NAME	VANS, JACQUE E
STREET ADDRESS	1928 SPRUCEWOOD WAY
CITY-ST-ZIP	PORT ORANGE, FL 32128
TITLE	VPD
NAME	FARIA, ARTHUR R
STREET ADDRESS	1915 SPRUCEWOOD WAY
CITY-ST-ZIP	PORT ORANGE, FL 32128
TITLE	ASAT
NAME	SELWITZ, BARBARA J
STREET ADDRESS	834 FIRST STREET
CITY-ST-ZIP	PORT ORANGE, FL 321293836

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01/27/06-80008-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Arthur R Faria

V. Pres. 1-14-06

386-756-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #