

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 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



02162007 No Chg-NP CR2E037 (4/06)

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

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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, 2007**

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

U000000658586
03/15/07-80044-010 61.25

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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: *George C. Holmes*

George C. Holmes, Pres. 2/27/07 386-756-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #