

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90026 005 ****61.25

DOCUMENT # N02121

1. Entity Name
WOODSIDE AT SPRUCE CREEK, INC.



Principal Place of Business Mailing Address
834 FIRST STREET PO BOX 291205
PORT ORANGE, FL 32129 US PORT ORANGE, FL 32129-1205 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
5466 Crane Feather Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.
Port Orange, FL
City & State City & State

Zip Country Zip Country
32128 US

6. Name and Address of Current Registered Agent

SELWITZ, BARBARA J
834 FIRST STREET
PORT ORANGE, FL 32129

01042008 Chg-NP CR2E037 (12/06)

4. FEI Number Applied For
59-2377660 Not Applicable

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5466 Crane Feather Drive
City Zip Code
Port Orange FL 32128

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 *Barbara J. Selwitz*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01/29/08

Filing Fee \$61.25
Due by May 1, 2008

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 1927 SPRUCEWOOD WAY PORT ORANGE, FL 32128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUELLER, M. BEA 1914 SPRUCEWOOD WAY PORT ORANGE, FL 32128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURRAY, ELEANOR 1916 SPRUCEWOOD WAY PORT ORANGE, FL 32128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VANS, JACQUE E 1928 SPRUCEWOOD WAY PORT ORANGE, FL 32128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FARIA, ARTHUR R 1915 SPRUCEWOOD WAY PORT ORANGE, FL 32128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT SELWITZ, BARBARA J 834 FIRST STREET PORT ORANGE, FL 321293836	<input type="checkbox"/> Delete

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	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

5466 Crane Feather Drive
Port Orange, FL 32128

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: *Barbara J. Selwitz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara J. Selwitz

(386) 756-7700

01/29/08

Date

Daytime Phone #