

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

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90063 050 \*\*\*\*61.25

**DOCUMENT # N04000004921**

1. Entity Name  
**WOODS EDGE CONDOMINIUM OWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**112 NW 33RD CT  
 GAINESVILLE, FL 32607**

Mailing Address  
**PO BOX 14121  
 GAINESVILLE, FL 32604**

2. Principal Place of Business - No P.O. Box #  
**1731 NW 6TH STREET**

3. Mailing Address  
**PO BOX 14506**

Suite, Apt. #, etc.  
**SUITE A**

Suite, Apt. #, etc.

City & State  
**GAINESVILLE FL**

City & State  
**GAINESVILLE FL**

Zip  
**32609**

Country  
**ALACHUA**

Zip  
**32604**

Country  
**ALACHUA**

04052007 Chg-NP CR2E037 (12/06)

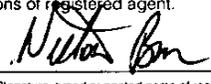
4. FEI Number  
**57-1210129**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>MEDINA, JOSE E JR                      9116 SW 51ST ROAD                      GAINESVILLE, FL 32608</b>	Name <b>WESTON BAUR/ED BAUR MANAGEMENT INC.</b>
	Street Address (P.O. Box Number is Not Acceptable) <b>DBA FLORIDA COMMUNITY MANAGEMENT</b>
	<b>1731 NW 6TH STREET SUITE A</b>
	City <b>GAINESVILLE FL</b> Zip Code <b>32609</b>

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  \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

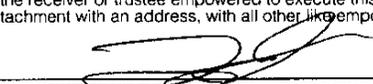
**Filing Fee is \$61.25 Due by May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, TREY</b> <b>1213 NW 55TH STREET, UNIT 1</b> <b>GAINESVILLE, FL 32605</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARKISOON, SHARAN</b> <b>1217 NW 55TH STREET, UNIT 2</b> <b>GAINESVILLE, FL 32605</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>GENE RUTHIE</b> <b>1213 NW 55TH ST. UNIT 4</b> <b>GAINESVILLE FL 32605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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:  \_\_\_\_\_ DATE: **4/27/07** DAYTIME PHONE #: **352-870-8700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40104000

