

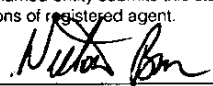
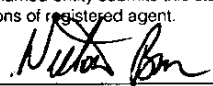
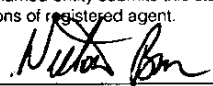
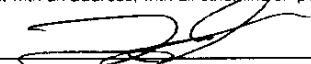


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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		40104000 																	
Suite, Apt. #, etc. SUITE A		Suite, Apt. #, etc.																			
City & State GAINESVILLE FL		City & State GAINESVILLE FL																			
Zip 32609		Zip 32604																			
Country ALACHUA		Country ALACHUA		04052007 Chg-NP CR2E037 (12/06)																	
4. FEI Number 57-1210129				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																					
6. Name and Address of Current Registered Agent MEDINA, JOSE E JR 9116 SW 51ST ROAD GAINESVILLE, FL 32608			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> <td colspan="2" style="padding: 2px;">WESTON BAUR/ED BAUR MANAGEMENT INC.</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="2" style="padding: 2px;">DBA FLORIDA COMMUNITY MANAGEMENT</td> </tr> <tr> <td colspan="2" style="padding: 2px;">City</td> <td colspan="2" style="padding: 2px;">1731 NW 6TH STREET SUITE A</td> </tr> <tr> <td colspan="2" style="padding: 2px;">GAINESVILLE</td> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code 32609</td> </tr> </table>			Name		WESTON BAUR/ED BAUR MANAGEMENT INC.		Street Address (P.O. Box Number is Not Acceptable)		DBA FLORIDA COMMUNITY MANAGEMENT		City		1731 NW 6TH STREET SUITE A		GAINESVILLE		FL	Zip Code 32609
Name		WESTON BAUR/ED BAUR MANAGEMENT INC.																			
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City		1731 NW 6TH STREET SUITE A																			
GAINESVILLE		FL	Zip Code 32609																		
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. <table style="width:100%;"> <tr> <td style="width:40%;">SIGNATURE </td> <td style="width:60%;">DATE</td> </tr> </table> <p style="font-size: small; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</p>						SIGNATURE 	DATE														
SIGNATURE 	DATE																				
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D JOHNSON, TREY <input type="checkbox"/> Delete		TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition																	
NAME	1213 NW 55TH STREET, UNIT 1		NAME																		
STREET ADDRESS	GAINESVILLE, FL 32605		STREET ADDRESS																		
CITY-ST-ZIP			CITY-ST-ZIP																		
TITLE	D HARKISOON, SHARAN <input type="checkbox"/> Delete		TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition																	
NAME	1217 NW 55TH STREET, UNIT 2		NAME																		
STREET ADDRESS	GAINESVILLE, FL 32605		STREET ADDRESS																		
CITY-ST-ZIP			CITY-ST-ZIP																		
TITLE	<input type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																	
NAME			NAME	GENE RUTHIE																	
STREET ADDRESS			STREET ADDRESS	1213 NW 55TH ST. UNIT 4																	
CITY-ST-ZIP			CITY-ST-ZIP	GAINESVILLE FL 32605																	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
NAME			NAME																		
STREET ADDRESS			STREET ADDRESS																		
CITY-ST-ZIP			CITY-ST-ZIP																		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
NAME			NAME																		
STREET ADDRESS			STREET ADDRESS																		
CITY-ST-ZIP			CITY-ST-ZIP																		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
NAME			NAME																		
STREET ADDRESS			STREET ADDRESS																		
CITY-ST-ZIP			CITY-ST-ZIP																		
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: 			4/27/07 352-870-8700																		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																					