2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# N04000004921

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

Current Principal Place of Business:

1731 NW 6TH ST
SUITE A
GAINESVILLE, FL 32609

New Principal Place of Business:

4802 SW 85TH AVE
GAINESVILLE, FL 32608

Current Mailing Address:

PO BOX 14506
GAINESVILLE, FL 32604

New Mailing Address:

P.O. BOX 142124
GAINESVILLE, FL 32614

FEI Number: 57-1210129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WESTON BAUR/ED BAUR MANAGEMENT, INC.
DBA FLORIDA COMMUNITY MGMT
1731 NW 6TH ST SUITE A
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

REALTY SOLUTIONS OF NORTH FLORIDA, INC
4802 SW 85TH AVE
GAINESVILLE, FL 32608 US

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.

SIGNATURE: KATHIE TROIANO 04/21/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOHNSON, TREY
Address: 1213 NW 55TH STREET, UNIT 1
City-St-Zip: GAINESVILLE, FL 32605 US

Title: T ( ) Delete
Name: HARKISOON, SHARAN
Address: 1217 NW 55TH STREET, UNIT 2
City-St-Zip: GAINESVILLE, FL 32605 US

Title: VP ( ) Delete
Name: RUTHIE, GENE
Address: 1213 NW 55TH ST UNIT 4
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TREY JOHNSON P 04/21/2008
Electronic Signature of Signing Officer or Director Date