

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000275

FILED  
Jan 22, 2007  
Secretary of State

**Entity Name:** WOODBURY ROW OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

235 SW 11TH PLACE  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

235 SW 11TH PLACE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

235 SW 11TH PLACE  
GAINESVILLE, FL 32607

**New Mailing Address:**

P.O. BOX 1309  
GAINESVILLE, FL 32602

**FEI Number:** 04-3592683

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE LOSEN, WELLS  
235 SW 11TH PLACE  
GAINESVILLE, FL 32607 US

**Name and Address of New Registered Agent:**

THE LOSEN, WELLS  
235 SW 11TH PLACE  
GAINESVILLE, FL 32601 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:

01/22/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FOGLER, REID R  
Address: PO BOX 1309  
City-St-Zip: GAINESVILLE, FL 32602

Title: VTSD ( ) Delete  
Name: THE LOSEN, WELLS  
Address: PO BOX 1309  
City-St-Zip: GAINESVILLE, FL 32602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FOGLER, REID R  
Address: PO BOX 1309  
City-St-Zip: GAINESVILLE, FL 32602

Title: S (X) Change ( ) Addition  
Name: THE LOSEN, WELLS  
Address: PO BOX 1309  
City-St-Zip: GAINESVILLE, FL 32602

I hereby certify that the information supplied with this filing does not qualify for the 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: WELLS THE LOSEN

S

01/22/2007

Electronic Signature of Signing Officer or Director

Date