

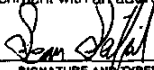


FILED
Apr 02, 2008 8:00 am
Secretary of State



DOCUMENT # N06000009265						04-02-2008 90024 032 ***61.25			
1. Entity Name WOODS EDGE SOUTH CONDOMINIUM ASSOCIATION, INC.				Principal Place of Business 1731 N.W. 6TH STREET SUITE A GAINESVILLE, FL 32609					
Mailing Address P. O. BOX 14506 GAINESVILLE, FL 32604									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip		Country							
02062008		Chg-NP		CR2E037 (12/06)		4. FEI Number APPLIED FOR 06-179-3442		<input type="checkbox"/> Applied For <input checked="" 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				7. Name and Address of New Registered Agent					
BAUR, WESTON % ED BAUR MANAGEMENT, INC. 1731 N.W. 6TH STREET, SUITE A GAINESVILLE, FL 32609				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City					
				FL Zip Code					
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____									
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing <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 NAME STREET ADDRESS CITY - ST - ZIP		DP DILBONE, ROBERT P 4545 NW 8TH AVE STE B GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		P SEAN SIEFRIED 2929 SW 35TH PLACE #127 GAINESVILLE FL 32608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DVP SCHACKOW, LYNN M 4545 NW 8TH AVE STE B GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		S MARK COUGHLIN 1330 NW 107TH TERRACE GAINESVILLE FL 32606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DST SCHACKOW, BRIAN G 4545 NW 8TH AVE STE B GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		T MARIO BRAVO 8001 SW 134TH AVENUE MIAMI FL 33183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		VP CARLOS PUENTE 2951 SW 35TH PALCE #146 GAINESVILLE FL 32608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		D TIMOTHY MAPP 712 SHAKETT CREEK DRIVE NOKOMIS FL 34275 <input type="checkbox"/> Change <input checked="" 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: 				SEAN SIEFRIED				3/22/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date				Daytime Phone #	