2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000010689

1. Entity Name
WOODMONT COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3239 MEADOWLEA CIRCLE N JACKSONVILLE, FL 32218	3239 MEADOWLEA CIRCLE N JACKSONVILLE, FL 32218

01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3236902
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUMPTER, ESTHER
3239 MEADOWLEA CIRCLE N
JACKSONVILLE, FL 32218

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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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SUMPTER, ESTHER
STREET ADDRESS	3239 MEADOWLEA CIRCLE N
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	VP
NAME	LIGHTFOOT, LINDA
STREET ADDRESS	10660 NORTHWYCK DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	S
NAME	WARD, CELESTE
STREET ADDRESS	10728 MEADOWLEA CIRCLE W
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	T
NAME	CARVER, INEZ M
STREET ADDRESS	10710 MEADOWLEA DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	D
NAME	JENKINS, TAMMI
STREET ADDRESS	10709 MEADOWLEA CIRCLE
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	D
NAME	WILSON, APRIL
STREET ADDRESS	10624 MEADOWLEA DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32218

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01/09/08-80034-010 61.25

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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: X _____ 1/6/08 904 766 4685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #