

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90031 046 \*\*\*\*61.25

**DOCUMENT # N06152**

1. Entity Name

WOODBEND HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

2336 WOODBEND CIRCLE  
NEW PORT RICHEY FL 34655  
US

Mailing Address

2336 WOODBEND CIRCLE  
C/O WILLIAM H DEMPSEY  
NEW PORT RICHEY FL 34655  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2360928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEMPSEY, WILLIAM H.  
2336 WOODBEND CIR  
NEW PORT RICHEY FL 34655

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **STINE, GARRY D**  
STREET ADDRESS **2353 WOODBEND CIRCLE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **VP** ☐ Delete  
NAME **HALL, JAMES**  
STREET ADDRESS **6815 WINDWILLOW DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **TD** ☐ Delete  
NAME **DEMPSEY, THELMA W.**  
STREET ADDRESS **2336 WOODBEND CIR**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **S** ☐ Delete  
NAME **KRAUTNER, DEANNA**  
STREET ADDRESS **6824 WINDWILLOW DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **D** ☐ Delete  
NAME **CHAPMAN, KAY**  
STREET ADDRESS **2338 WOODBEND CIR**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☐ Delete  
NAME **CARTER, WILLIAM E**  
STREET ADDRESS **2349 WOODBEND CIR**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **D WALTER, JIM**  
STREET ADDRESS **2335 WOODBEND CIRCLE**  
CITY-ST-ZIP **NEW PORT RICHEY, FL. 34655**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Thelma W. Dempsey* **THELMA W. DEMPSEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/05**

Date

**727 372-8602**

Daytime Phone #