


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90499 025 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                                     |                                                                                                                                                                                                                               |                                                                                   |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N06440</b><br>1. Entity Name<br><b>WOODMERE OWNERS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                                                                     |                                                                                                                                                                                                                               |  |                                                                              |
| Principal Place of Business<br><del>4100 CORPORATE SQUARE</del><br><del>SUITE 105</del><br><del>NAPLES, FL 34112 US</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                     | Mailing Address<br><del>4100 CORPORATE SQUARE</del><br><del>SUITE 105</del><br><del>NAPLES, FL 34112 US</del>                                                                                                                 |                                                                                   |                                                                              |
| 2. Principal Place of Business<br><i>C/O Resort Management</i><br>Suite, Apt. #, etc.<br><i>2685 Horseshoe Dr. S. #215</i><br>City & State<br><i>Naples, FL</i><br>Zip<br><i>34104</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                                                                     | 3. Mailing Address<br><i>C/O Resort Management</i><br>Suite, Apt. #, etc.<br><i>2685 Horseshoe Dr. S. #215</i><br>City & State<br><i>Naples, FL</i><br>Zip<br><i>34104</i>                                                    |                                                                                   |                                                                              |
| 4. FEI Number<br><b>59-2643008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                        |                                                                                   |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                     | <b>\$8.75</b> Additional Fee Required                                                                                                                                                                                         |                                                                                   |                                                                              |
| 6. Name and Address of Current Registered Agent<br><del>ANCHOR ASSOCIATES INC</del><br><del>4100 CORPORATE SQUARE</del><br><del>SUITE 105</del><br><del>NAPLES, FL 34104</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                     | 7. Name and Address of New Registered Agent<br>Name <i>Heather Stephen S</i><br>Street Address (P.O. Box Number is Not Acceptable)<br><i>3471 County Barn Rd. F-102</i><br>City <i>Naples</i> <b>FL</b> Zip Code <i>34112</i> |                                                                                   |                                                                              |
| 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.<br>SIGNATURE <i>Heather Stephens</i> DATE <i>4/26/05</i><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                               |                           |                                                                                     |                                                                                                                                                                                                                               |                                                                                   |                                                                              |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                               | <b>\$5.00</b> May Be Added to Fees                                                |                                                                              |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                                                                     |                                                                                                                                                                                                                               |                                                                                   |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                                                     |                                                                                                                                                                                                                               |                                                                                   |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TD                        | <input type="checkbox"/> Delete                                                     | TITLE                                                                                                                                                                                                                         | <input type="checkbox"/> Change                                                   | <input checked="" type="checkbox"/> Addition                                 |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | JAY, RICHARD              |                                                                                     | NAME                                                                                                                                                                                                                          | <i>S Gonzalez, Aray</i>                                                           |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3531 COUNTY BARN RD C-204 |                                                                                     | STREET ADDRESS                                                                                                                                                                                                                | <i>3451 County Barn Rd. G-101</i>                                                 |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAPLES, FL 34112          |                                                                                     | CITY-ST-ZIP                                                                                                                                                                                                                   | <i>Naples, FL 34112</i>                                                           |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VD                        | <input type="checkbox"/> Delete                                                     | TITLE                                                                                                                                                                                                                         |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | RUSH, CESAR               |                                                                                     | NAME                                                                                                                                                                                                                          |                                                                                   |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3451 COUNTY BARN RD G-103 |                                                                                     | STREET ADDRESS                                                                                                                                                                                                                |                                                                                   |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAPLES, FL 34112          |                                                                                     | CITY-ST-ZIP                                                                                                                                                                                                                   |                                                                                   |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VPD                       | <input type="checkbox"/> Delete                                                     | TITLE                                                                                                                                                                                                                         |                                                                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STEPHENS, HEATHER         |                                                                                     | NAME                                                                                                                                                                                                                          | <i>Stephens, Heather D.</i>                                                       |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3581 COUNTYBARN RD F-102  |                                                                                     | STREET ADDRESS                                                                                                                                                                                                                | <i>3471 County Barn Rd. F-102</i>                                                 |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAPLES, FL 34112          |                                                                                     | CITY-ST-ZIP                                                                                                                                                                                                                   | <i>Naples, FL 34112</i>                                                           |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SD                        | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                                                                                                                                                                                         |                                                                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | GINSBERG, ADAM            |                                                                                     | NAME                                                                                                                                                                                                                          | <i>Weschler, Todd</i>                                                             |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3491 COUNTY BARN RD E-201 |                                                                                     | STREET ADDRESS                                                                                                                                                                                                                | <i>3451 County Barn Rd G-203</i>                                                  |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAPLES, FL 34112          |                                                                                     | CITY-ST-ZIP                                                                                                                                                                                                                   | <i>Naples, FL 34112</i>                                                           |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PD                        | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                                                                                                                                                                                         |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FERREIRA, CHARMAINE       |                                                                                     | NAME                                                                                                                                                                                                                          |                                                                                   |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3491 COUNTY BARN RD E-203 |                                                                                     | STREET ADDRESS                                                                                                                                                                                                                |                                                                                   |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAPLES, FL 34112          |                                                                                     | CITY-ST-ZIP                                                                                                                                                                                                                   |                                                                                   |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | <input type="checkbox"/> Delete                                                     | TITLE                                                                                                                                                                                                                         |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                     | NAME                                                                                                                                                                                                                          |                                                                                   |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                     | STREET ADDRESS                                                                                                                                                                                                                |                                                                                   |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                                                                     | 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. |                           |                                                                                     |                                                                                                                                                                                                                               |                                                                                   |                                                                              |
| <b>SIGNATURE:</b> <i>Heather Stephens</i> <i>Heather D. Stephens</i> <i>4/26/05</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                     |                                                                                                                                                                                                                               |                                                                                   |                                                                              |

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