


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90025 022 \*\*\*\*70.00

<b>DOCUMENT # N07124</b>	
1. Entity Name <b>THE WOODLANDS TOWNHOMES OWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>619 WOODSMAN DR PENSACOLA, FL 32506</b>	Mailing Address <b>619 WOODSMAN DR PENSACOLA, FL 32506</b>
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**50017073**



01082005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2687639</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent <b>DENTON, DORIS 619 WOODSMAN DR PENSACOLA, FL 32507</b>
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**DO NOT WRITE  
IN THIS SPACE**

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. <i>Doris Denton</i> SIGNATURE <b>DORIS DENTON PRESIDENT</b> <b>1-22-05</b> DATE	
<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 \$81.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P DENTON, DORIS 619 WOODSMAN DR PENSACOLA, FL 32506</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V COSBY, BECKY EAGAN 616 WOODSMAN DR PENSACOLA, FL 32506</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST WILSON, ENID DAVID MATHENY 3380 HOLT CIRCLE P.O. BOX 37361 PENSACOLA, FL 32526 PENSACOLA, FL 32526</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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: <i>Doris Denton</i> <b>DORIS DENTON PRESIDENT</b> <b>1-22-05</b> <b>850-456-7263</b>	Date Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	