# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2005**
**Secretary of State**

DOCUMENT# N10240

**Entity Name:** WOODGLEN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6015 MORROW ST E
SUITE 107
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

6015 MORROW ST E #107
JACKSONVILLE, FL 32217

**New Mailing Address:**

**FEI Number: 59-2952231** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SULLIVAN, SCOTT
6015 MORROW ST., E. #107
JACKSONVILLE, FL 32217 US

**Name and Address of New Registered Agent:**

BANNING MANAGEMENT INC
6015 MORROW ST., E. #107
JACKSONVILLE, FL 32217 US

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.

SIGNATURE: BANNING MANAGEMENT INC 04/26/2005
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: ROSS, BRUCE
Address: 10800 OLD ST. AUGUSTINE
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD ( ) Delete
Name: PHILLIP, IBEN
Address: 10800 OLD ST AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: STD ( ) Delete
Name: ARMSTRONG, SHANNON
Address: 10800 OLD ST AUGUSTINE RD #402
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: RICHARD, SHANNON
Address: 10800 OLD ST AUGUSTINE RD #402
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE ROSS PD 04/26/2005
Electronic Signature of Signing Officer or Director Date