


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N10240</b><br>1. Entity Name<br>WOODGLEN CONDOMINIUM ASSOCIATION, INC. |  |
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| Principal Place of Business<br>6015 MORROW ST E<br>SUITE 107<br>JACKSONVILLE, FL 32217 | Mailing Address<br>6015 MORROW ST E #107<br>JACKSONVILLE, FL 32217 |
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**DO NOT WRITE IN THIS SPACE**



04302008 No Chg-NP CR2E037 (4/06)


|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-2952231                               | Applied For<br>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

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

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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:  R. Scott Sullivan DATE: 4/30/08

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ROSS, BRUCE<br>10800 OLD ST. AUGUSTINE<br>JACKSONVILLE, FL 32257          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>PHILLIP, IBEN<br>10800 OLD ST AUGUSTINE RD<br>JACKSONVILLE, FL 32257      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>KAREN, WALSH<br>10800 OLD ST AUGUSTINE RD #604<br>JACKSONVILLE, FL 32257 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

06/03/08-80032-007 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: Bruce Ross DATE: 4/30/08 DAYTIME PHONE #: 904.730.7071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR