2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005
Secretary of State

DOCUMENT# N14186

Entity Name: WOODCLIFF HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

New Mailing Address:

FEI Number: 59-1084983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON & SELWITZ PROPERTY MGNT.
1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: GREEN, ANN DR.
Address: 100 JESSICA DR.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: ST ( ) Delete
Name: JIMINEZ, JOAN
Address: P.O. BOX 19142
City-St-Zip: DAYTONA BEACH, FL 32120

Title: T ( ) Delete
Name: JONES, SUSAN
Address: 172 ALEATHA
City-St-Zip: DAYTONA BEACH, FL 32114

Title: PD ( ) Delete
Name: EDWARDS, KATHY
Address: 160 ALEATHA
City-St-Zip: DAYTONA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: JIMINEZ, JOAN
Address: P.O. BOX 19142
City-St-Zip: DAYTONA BEACH, FL 32120

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

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

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: CATHY EDWARDS DP 02/18/2005

Electronic Signature of Signing Officer or Director — Date