

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15685

FILED
Mar 22, 2005
Secretary of State

Entity Name: THE WOODS AT ANDERSON PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-2883632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 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: PD () Delete
Name: SCHINELLI, LEAH R
Address: 39650 US 19 NORTH #626
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD () Delete
Name: WAITE, LEWIS
Address: 39650 US 19 N #1611
City-St-Zip: TARPON SPRINGS, FL

Title: D () Delete
Name: DEMASCIO, WILLIAM
Address: 39650 US 19 N #1124
City-St-Zip: TARPON SPRINGS, FL

Title: VPD () Delete
Name: LISOWSKI, JOHN
Address: 39650 US 19 N #622
City-St-Zip: TARPON SPRINGS, FL

Title: TD () Delete
Name: MESSINA, PETER
Address: 39650 US 19 N #613
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: TD (X) Change () Addition
Name: MATHES, PHILIP
Address: 39650 US 19 N #642
City-St-Zip: TARPON SPRINGS, FL 34689

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: LEAH SCHINELLI

PD

03/22/2005

Electronic Signature of Signing Officer or Director

Date