

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17748

FILED
Apr 28, 2007
Secretary of State

Entity Name: WOODFIELD COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

INTEGRITY ASSOCIATION MANAGEMENT, INC.
701 ENTERPRISE ROAD EAST, SUITE 704
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

Current Mailing Address:

INTEGRITY ASSOCIATION MANAGEMENT, INC.
701 ENTERPRISE ROAD EAST, SUITE 704
SAFETY HARBOR, FL 34695 US

New Mailing Address:

FEI Number: 59-2791119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIANFRONE, JOSEPH R PA
1964 BAYSHORE BLVD
DUNEDIN, FL 34698 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: DRAY, ROERT A
Address: 344 HEDGEROW LANE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VPD () Delete
Name: THOMAS, JAMES ESQ
Address: 2759 SR 580, SUITE 213
City-St-Zip: CLEARWATER, FL 33761

Title: SD () Delete
Name: BEBELL, COLLEEN
Address: 791 CHERRYBROOKE COURT
City-St-Zip: TARPON SPRINGS, FL 34688

Title: TD () Delete
Name: KUKULSKI, KATHY
Address: 732 CRESTRIDGE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D (X) Delete
Name: SCALIA, GLENN
Address: 345 WATERFORD CIRCLE EAST
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: GARLAND, KAREN
Address: 856 CRESTRIDGE CIRCLE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: STD (X) Change () Addition
Name: KUKULSKI, KATHY
Address: 732 CRESTRIDGE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D (X) Change () Addition
Name: SCALIA, GLENN
Address: 345 WATERFORD CIRCLE EAST
City-St-Zip: TARPON SPRINGS, FL 34688

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT A DRAY

PD

04/28/2007

Electronic Signature of Signing Officer or Director

Date