2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006
Secretary of State

DOCUMENT# N19238

Entity Name: NATURES WOODS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 56273
JACKSONVILLE, FL 322413273

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 56273
JACKSONVILLE, FL 322413273

New Mailing Address:

FEI Number: 59-2880298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MEARA, GEORGE
10045 GOSHAWK DR. E
JACKSONVILLE, FL 32257 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: MEARA, GEORGE R
Address: 10045 GOSHAWK DR. E
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: HUSSEIN, SHAKIR
Address: 9999 GOSHAWK DR. E
City-St-Zip: JACKSONVILLE, FL 32257

Title: SD ( ) Delete
Name: MEARA, CONNIE
Address: 10045 GOSHAWK DR. E
City-St-Zip: JACKSONVILLE, FL 32257

Title: TD ( ) Delete
Name: WEDGE, SANDY
Address: 9996 GOSHAWK DR. E
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: ATKINSON, BILL
Address: 4831 GOSHAWK DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32257

Title: SD (X) Change ( ) Addition
Name: FEARING, KATHERINE
Address: 9960 DOVETAIL DRIVE E.
City-St-Zip: JACKSONVILLE, FL 32257

Title: TD (X) Change ( ) Addition
Name: MALONEY, PETTI
Address: 4777 DOVETAIL DRIVE
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 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: PETTI MALONEY TD 08/29/2006

Electronic Signature of Signing Officer or Director — Date