2008 NOT-FOR-PROFIT CORPORATION

FILED Feb 13, 2008 8:00 am Secretary of State

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02-13-2008 90024 015 ****61.25 **DOCUMENT # N19238** NATURES WOODS ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 56273 P.O. BOX 56273 JACKSONVILLE, FL 32241-3273 JACKSONVILLE, FL 32241-3273 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252008 Chg-NP CR2E037 (12/06) Applied For City & State 4. FEI Number 59-2880298 City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHARP, TONY 9982 GOSHAWK DRIVE EAST JACKSONVILLE, FL 32257 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Florida Department of State Trust Fund Contribution Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE **Delete** TITLE ☐ Change NAME LAYBERGER, DON NAME GOSHAWK DRIVE BAST 10067 GOSHAWK DR EAST STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32257 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE MLE TUSSEY, MARGARET NAME NAME STREET ADDRESS 9963 DOVETAIL DR EAST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 6 GOSTAWK DRIVE BAST SHARP, TONY NAME NAME 9982 GOSHAWK DR E STREET ADDRESS STREET ADDRESS ACKSONVILLE FL 32257 JACKSONVILLE, FL 32257 CITY-ST-7/P CITY-ST-ZIP HERESA MCKEVER SD ☐ Change Delete Addition TITLE TITLE MALONEY, PETTI NAME NAME 10088 DOVETAIL COURT SOUTH 4777 DOVETAIL DR EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32257 TITI F Сhange ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTER