
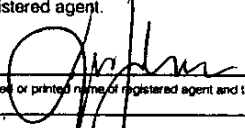
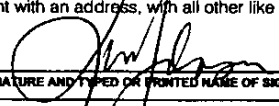


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90422 039 ****61.25

DOCUMENT # N22253					
1. Entity Name WOODVIEW VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044 US			Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044 US		
2. Principal Place of Business 5609 US 19		3. Mailing Address 5609 US 19			
Suite, Apt. #, etc. Suite E		Suite, Apt. #, etc. Suite E			
City & State New Port Richey, FL		City & State New Port Richey, FL			
Zip 34652		Country USA		Zip 34652	
Country USA		4. FEI Number 59-2891649			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HART, JAMES W JR % SENTRY MANAGEMENT INC. 2180 W SR 434, SUITE 5000 LONGWOOD, FL 32779-5044			7. Name and Address of New Registered Agent Name: Community Management Street Address (P.O. Box Number is Not Acceptable): 5609 US 19 Suite E City: New Port Richey FL Zip Code: 34652		
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: 		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE: 4/27/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME MOLL, JERRY	<input checked="" type="checkbox"/> Delete	TITLE Roger Stafford	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 13519 KNOTTY LN	HUDSON, FL 34669		STREET ADDRESS 1315 Top Flite Ct.	HUDSON, FL 34669	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE VPD	NAME MASTROGIUSEPPE, CHRIS	<input checked="" type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 13635 PLANTATION LAKE CIR	HUDSON, FL 34669		STREET ADDRESS 13524 Plantation Lake Cir.	HUDSON, FL 34669	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE D	NAME ANGERMEIER, ALFRED	<input type="checkbox"/> Delete	TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 13109 TITLEIST DR	HUDSON, FL 34669		STREET ADDRESS 13337 Wrenwood Cir.	HUDSON, FL 34669	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 printed name of signing officer or director		DATE: 4/27/06	
Daytime Phone #: 727-816-9900					