2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State
04-29-2008 90089 006 ****61.25

DOCUMENT # N22253

1. Entity Name
WOODVIEW VILLAGE HOMEOWNERS ASSOCIATION, INC.

40088921

Principal Place of Business	Mailing Address
5609 US 19 SUITE E NEW PORT RICHEY, FL 34652 US	5609 US 19 SUITE E NEW PORT RICHEY, FL 34652 US

01142008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5837 Trable Creek Rd.	5837 Trable Creek Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
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 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COMMUNITY MANAGEMENT 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652	Name: Community Management Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 5837 Trable Creek Rd. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P STAFFORD, ROGER 13115 TOPFLITE CT HUDSON, FL 34669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Drummond, Iain 13524 Plantation Lake Cir Hudson, FL 34669	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPV DRUMMOND, IAIN 13524 PLANTATION LAKE CIR HUDSON, FL 34669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Barbara Wenzell 13120 Topflite Ct. Hudson, FL 34669	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WENZELL, BARBARA 13120 TOPFLITE CT. HUDSON, FL 34669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Michael Mone 13511 Knotty Ln. Hudson, FL 34669	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KLAMPUS, BARRY 13337 WRENWOOD CIR HUDOSN, FL 34669	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TRUDEAU, AL 13528 PLANTATION LN HUDSON, FL 34669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4-24-08 727-816-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #