


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2005 8:00 am
Secretary of State

06-17-2005 90001 048 ****61.25

DOCUMENT # N28881 1. Entity Name WOODMONT HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 12088 ANDERSON RD STE 160 TAMPA, FL 33625 US		Mailing Address 12088 ANDERSON RD STE 160 TAMPA, FL 33625 US	
2. Principal Place of Business P.O. Box 341243 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 341243 Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33694		Zip 33694	
4. FEI Number 65-0092548		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRUCE, MARTI S 13709 WHITEBARK PLACE TAMPA, FL 33625		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$81.25 Due by September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDEN, STEVEN III 5510 PINE BAY DR TAMPA, FL 33625	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANN GORDON 13701 WHITEBARK TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIMMONS, JEFF 5707 PINEY LANE DR TAMPA, FL 33625	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT STEVEN GOLDEN III 5510 PINEBAY DR TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPIRKO, LISA 5817 PINE BAY DR TAMPA, FL 33625	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SANDY JAMES 5304 WINDBOUSH TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRUCE, MARTI 13709 WHITEBARK PLACE TAMPA, FL 33625	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
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 exemption stated in Section 119.07(3)(f), 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: <u>Marti Bruce Measner</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		6/13/05 813-968-2552 Date Daytime Phone #	