



FILED
May 11, 2006 8:00 am
Secretary of State

[illegible]

DOCUMENT # N28881						05-11-2006 90237 048 ****61.25	
1. Entity Name WOODMONT HOMEOWNER'S ASSOCIATION, INC.							
Principal Place of Business P.O. BOX 341243 TAMPA, FL 33694 US			Mailing Address P.O. BOX 341243 TAMPA, FL 33694 US				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			05092006 Chg-NP CR2E037 (4/06)	
City & State			City & State			4. FEI Number 65-0092548	
Zip		Country	Zip		Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
BRUCE, MARTI S 13709 WHITEBARK PLACE TAMPA, FL 33625					Name		
					Street Address (P.O. Box Number is Not Acceptable)		
					City		FL
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 \$61.25 Due by September 6, 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	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GORDON, ANIN			NAME			
STREET ADDRESS	13701 WHITEBARK			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33625			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOLDEN, STEVEN III			NAME			
STREET ADDRESS	5510 PINEBAY DR			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33625			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANOY, JAMES			NAME	S JAMES, Sandy		
STREET ADDRESS	5304 WINDBRUSH			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33625			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRUCE, MARTI			NAME			
STREET ADDRESS	13709 WHITEBARK PLACE			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33625			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: <i>Marti S. Bruce Treasurer</i>				<i>5/8/06</i>		<i>813-968-2572</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	