



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90189 039 ****61.25

DOCUMENT # N28881 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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40001000 																																																																																					
City & State		City & State		04222007 Chg-NP CR2E037 (12/06)																																																																																					
Zip		Country		4. FEI Number 65-0092548																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable																																																																																							
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																							
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																									
Filing Fee is \$61.25 Due by May 1, 2007		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																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">GORDON, ANIN</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">13701 WHITEBARK</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 15%;">TAMPA, FL 33625</td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>NAME</td> <td>GOLDEN, STEVEN III</td> <td>STREET ADDRESS</td> <td>5510 PINEBAY DR</td> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33625</td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>NAME</td> <td>JAMES, SANDY</td> <td>STREET ADDRESS</td> <td>5304 WINDBRUSH</td> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33625</td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>NAME</td> <td>BRUCE, MARTI</td> <td>STREET ADDRESS</td> <td>13709 WHITEBARK PLACE</td> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33625</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 15%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Golden, Stephen, III</td> <td>5510 Pinebay Dr</td> <td>Tampa, FL 33625</td> <td></td> </tr> <tr> <td></td> <td>Lighthall Susan</td> <td>13709 Whitebark Pl</td> <td>Tampa, FL 33625</td> <td>Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	GORDON, ANIN	STREET ADDRESS	13701 WHITEBARK	CITY-ST-ZIP	TAMPA, FL 33625	TITLE	VP	<input type="checkbox"/> Delete	NAME	GOLDEN, STEVEN III	STREET ADDRESS	5510 PINEBAY DR	CITY-ST-ZIP	TAMPA, FL 33625	TITLE	S	<input type="checkbox"/> Delete	NAME	JAMES, SANDY	STREET ADDRESS	5304 WINDBRUSH	CITY-ST-ZIP	TAMPA, FL 33625	TITLE	TD	<input type="checkbox"/> Delete	NAME	BRUCE, MARTI	STREET ADDRESS	13709 WHITEBARK PLACE	CITY-ST-ZIP	TAMPA, FL 33625	TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		Golden, Stephen, III	5510 Pinebay Dr	Tampa, FL 33625			Lighthall Susan	13709 Whitebark Pl	Tampa, FL 33625	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>					Change <input type="checkbox"/> Addition <input type="checkbox"/>					Change <input type="checkbox"/> Addition <input type="checkbox"/>					Change <input type="checkbox"/> Addition <input type="checkbox"/>
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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: <u>Marti S. Bruce, Treasurer</u> 4/24/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																									