

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90208 034 \*\*\*\*70.00

<b>DOCUMENT # N50376</b> 1. Entity Name <b>WOODLAND STATION - UNIT TWO OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O PROFESSIONAL COMMUNITY MGMT., INC.          1732 KINGSLEY AVENUE, SUITE 202          ORANGE PARK, FL 32073 US</b>			Mailing Address <b>C/O PROFESSIONAL COMMUNITY MGMT., INC.          1732 KINGSLEY AVENUE, SUITE 202          ORANGE PARK, FL 32073</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>Professional Community Mgt. Inc.          786 Blanding Blvd. #118          Orange Park, FL 32065</b>		3. Mailing Address Suite, <b>Professional Community Mgt. Inc.          786 Blanding Blvd. #118          Orange Park, FL 32065</b>			
Zip <b>32065</b>		Country <b>US</b>		4. FEI Number <b>59-3153509</b>	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>PERRY, ALAN          1732 KINGSLEY AVENUE, SUITE 202          ORANGE PARK, FL 32073</b>				7. Name and Address of New Registered Agent  Name <b>Alan Perry</b> Street Address (P.O. Box #) <b>786 Blanding Blvd. #118</b> City <b>Orange Park, FL 32065</b> State <b>FL</b> 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>ALAN PERRY</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>12 APR 05</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>CORNEALY, MICHELE</b> <input type="checkbox"/> Delete <b>3931 GRAND CENTRAL PL. WEST</b> <b>JACKSONVILLE, FL 32246</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>HULSE, ROBIN B</b> <input type="checkbox"/> Delete <b>3832 AUTUMN LEAF COURT</b> <b>JACKSONVILLE, FL 32246</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>WRIGHT, KENNETH</b> <input type="checkbox"/> Delete <b>3832 GRAND CENTRAL PL W</b> <b>JACKSONVILLE, FL 32246</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			<b>4-26-2005</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		