


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90436 016 ****70.00

DOCUMENT # N50376 1. Entity Name WOODLAND STATION - UNIT TWO OWNERS ASSOCIATION, INC.					
Principal Place of Business PROFESS. COMM. MGMT. INC. 786 BLANDING BLVD, #118 ORANGE PARK, FL 32065 US			Mailing Address PROFESS. COMM. MGMT. INC. 786 BLANDING BLVD, #118 ORANGE PARK, FL 32065 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02222007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3153509	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PERRY, ALAN 785 BLANDING BLVD #118 ORANGE PARK, FL 32065				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 _____ <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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD		TITLE	DT	
NAME	CORNEALY, MICHELE <input checked="" type="checkbox"/> Delete		NAME	Joe Furry <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	3931 GRAND CENTRAL PL. WEST		STREET ADDRESS	3925 Grand Central Pl. W.	
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP	Jacksonville FL 32246	
TITLE	DS <input type="checkbox"/> Delete		TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HULSE, ROBIN B		NAME	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3832 AUTUMN LEAF COURT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP		
TITLE	DP <input type="checkbox"/> Delete		TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WRIGHT, KENNETH		NAME	James Peek	
STREET ADDRESS	3832 GRAND CENTRAL PL W		STREET ADDRESS	3919 Grand Central Pl. W	
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP	Jacksonville FL 32246	
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: <u>Robin Hulse</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/25/07</u> Daytime Phone # _____		

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