

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
08 JUL 10 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3153509

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

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.

02/12/08 90007 010 \$70.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DT ☐ Delete
NAME FURRY, JOE
STREET ADDRESS 3925 GRAND CENTRAL PL.W.
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE DP ☐ Delete
NAME HULSE, ROBIN B
STREET ADDRESS 3832 AUTUMN LEAF COURT
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE DS ☐ Delete
NAME WRIGHT, KENNETH
STREET ADDRESS 3832 GRAND CENTRAL PL W
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE DV ☐ Delete
NAME PEEK, JAMES
STREET ADDRESS 3919 GRAND CENTRAL PL. W.
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Robin Hulse*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/08 (904) 298-2321