


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90407 027 ****61.25

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1. Entity Name
MCNEIL WOODS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**1285 MC NEIL WOODS PL
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**425 CURRY COURT
ALTAMONTE SPRINGS, FL 32714**

14013874



2. Principal Place of Business
1279 McNeil Woods Place

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country **Seminole**

04292005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3260927

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GUIDO, MINDY
1249 MC NEIL WOODS PL
ALTAMONTE SPRINGS, FL 32714**

7. Name and Address of New Registered Agent

Name **Pam Wheeler**

Street Address (P.O. Box Number is Not Acceptable)
1279 McNeil Woods Place

City **Altamonte Springs FL** Zip Code **32714**

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 **Pam M. Wheeler** DATE **4-29-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P URBAN, JAMES 425 CURRY COURT ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUNCAN, JACK 1285 MCNEIL WOODS PLACE ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. CIESLAK, DEBRA 1260 MCNEIL WOODS PLACE ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUIDO, MINDY 1242 MCNEIL WOODS PL ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHEELER, PAM 1279 MCNEIL WOODS PLACE ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: **Pam M. Wheeler** DATE **4-29-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR