

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000842

FILED
Mar 17, 2007
Secretary of State

Entity Name: WOODSTONE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6146 STONEWOOD CT
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

6146 STONEWOOD CT
NAPLES, FL 34112 US

New Mailing Address:

FEI Number: 65-0558900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATHERINE BRADDOCK
6146 STONEWOOD CT
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCNALLY, BARBARA
Address: 6165 WOODSTONE DR
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: WOHLERS, JOAN
Address: 6143 WOODSTONE DR
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: BRADDOCK, CATHERINE
Address: 6146 STONEWOOD CT
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE BRADDOCK

TREA

03/17/2007

Electronic Signature of Signing Officer or Director

Date