

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90524 002 ****61.25

DOCUMENT # N94000003111	
1. Entity Name	
WOODBURY PINES PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
C/O PENN FIRST MANAGEMENT 1813 N.DEAN RD. ORLANDO FL 32817 US	C/O PENN FIRST MANAGEMENT 1813 N.DEAN RD. ORLANDO FL 32817 US

2. Principal Place of Business	3. Mailing Address
PENN FIRST - BOYLE MGMT Suite, Apt. #, etc. 498 Palm Spgs Dr #235	PENN FIRST - BOYLE MGMT Suite, Apt. #, etc. 498 Palm Spgs Dr #235
City & State Altamonte Spgs FL	City & State Altamonte Spgs FL
Zip 32701	Zip 32701
Country USA	Country USA

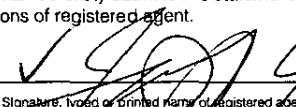


MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent	
SHEELER, LAWRENCE M C/O PENN FIRST MANAGEMENT, INC. 1813 N. DEAN RD. ORLANDO FL 32817	

4. FEI Number 58-2118447	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name: PENN FIRST - BOYLE MANAGEMENT	
Street Address (P.O. Box Number is Not Acceptable) 498 Palm Springs Dr, Suite 235	
City Altamonte Spgs	Zip Code 32701

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.

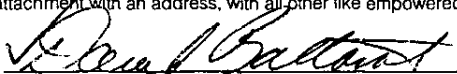
SIGNATURE:  JAMES W. BOYLE, PRES 4/5/04

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME BOTTOMLEY, DAVID ☐ Delete	TITLE	NAME ☐ Change ☐ Addition
STREET ADDRESS 305 WOODBURY PINES CIRCLE	CITY-ST-ZIP ORLANDO FL 32828	STREET ADDRESS	CITY-ST-ZIP
TITLE SD	NAME LIEBOLD, GLENN ☒ Delete	TITLE	NAME ☒ Change ☐ Addition
STREET ADDRESS 292 WOODBURY PINES CIR.	CITY-ST-ZIP ORLANDO FL 32828	STREET ADDRESS 131 WOODBURY PINES CIR.	CITY-ST-ZIP ORLANDO, FL 32828
TITLE TD	NAME CHERRY, TRACY ☐ Delete	TITLE	NAME ☐ Change ☐ Addition
STREET ADDRESS 409 WOODBURY PINS CIR.	CITY-ST-ZIP ORLANDO FL 32828	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME ☐ Delete	TITLE	NAME ☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME ☐ Delete	TITLE	NAME ☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME ☐ Delete	TITLE	NAME ☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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:  22 Apr 04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #