2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State
04-24-2008 90119 039 ****61.25

DOCUMENT # N94000003111

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

Principal Place of Business	Mailing Address
BOYLE MGMT SERVICES, INC. 498 PALM SPRINGS DR #235 ALTAMONTE SPRINGS, FL 32701 US	BOYLE MGMT SERVICES, INC. 498 PALM SPRINGS DR #235 ALTAMONTE SPRINGS, FL 32701 US

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04152008 No Chg-NP CR2E037 (4/06)

4. FEI Number
58-2118447
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOYLE, JAMES W
C/O BOYLE MGMT SERVICES, INC.
498 PALM SPRING DR., SUITE 235
ALTAMONTE SPRINGS, FL 32701

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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 _____ DATE
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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOTTOMLEY, DAVID
STREET ADDRESS	305 WOODBURY PINES CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	SD
NAME	BANTHER, DEBORAH
STREET ADDRESS	131 WOODBURY PINES CIR
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	TD
NAME	AWTREY, HALA
STREET ADDRESS	377 WOODBURY PINE
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Hala Awtrey 04-21-08 407-381-9459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #