

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90044 026 ****61.25

DOCUMENT # N96000000213					
1. Entity Name POINT OF WOODS HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 111 POINT OF WOODS TLR. PALATKA, FL 32177			Mailing Address 111 POINT OF WOODS TLR. PALATKA, FL 32177		
2. Principal Place of Business 113 Point of Woods Trail Suite, Apt. #, etc.		3. Mailing Address 113 Point of Woods Trail Suite, Apt. #, etc.			
City & State Palatka, Florida Zip 32177 Country USA		City & State Palatka, Florida Zip 32177 Country USA		4. FEI Number 59-3353909	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent WEST, CARY 104 RAINTREE WOODS TRL PALATKA, FL 32177			7. Name and Address of New Registered Agent Name: James L. Alexander Street Address (P.O. Box Number is Not Acceptable): 113 Point of Woods Trail City: Palatka FL Zip Code: 32177		
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: <u>James L. Alexander</u> DATE: <u>10 February 2006</u> <small>(NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD WEST, CARY M 104 RAINTREE WOODS TRL. PALATKA, FL 32177	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	James L. Alexander 113 Point of Woods Trail Palatka, Florida 32177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ECHOLS, KEN 111 POINT OF WOODS TRL. PALATKA, FL 32177	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shanna E Alexander 113 Point of Woods Trail Palatka, Florida 32177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS HOLMES, JAYA 104 RAINTREE WOODS TRL. PALATKA, FL 32177	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fran Harden 102 Pine Tree Point Palatka, Florida 32177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, DARRELL 128 POINT OF WOODS TR PALATKA, FL 32177	<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ken Echols 111 Point of Woods Trail Palatka, Florida 32177	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Shanna Alexander</u>			10 February 2006 (386)325-1003		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		