


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000000213 1. Entity Name POINT OF WOODS HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business 113 POINT OF WOODS TRL PALATKA, FL 32177	Mailing Address 113 POINT OF WOODS TRL PALATKA, FL 32177
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3353909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, JAMES L
113 PT OF WOODS TRL
PALATKA, FL 32177

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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 X James L. Alexander 24 January 2007
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDM ALEXANDER, JAMES L 113 PT OF WOODS TRL PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD ALEXANDER, SHANNA E 113 PT OF WOODS TRL PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDEN, FRAN 102 PINE TREE PT PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, DARRELL 126 POINT OF WOODS TR PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECHOLS, KEN 111 PT OF WOODS TRL PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/30/07-80044-016 61.25

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: X James L. Alexander 24 January 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #