


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000000213</b>	
1. Entity Name <b>POINT OF WOODS HOMEOWNER'S ASSOCIATION, INC.</b>	
	
Principal Place of Business <b>113 POINT OF WOODS TRL PALATKA, FL 32177</b>	Mailing Address <b>113 POINT OF WOODS TRL PALATKA, FL 32177</b>



02062008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000823201  
02/20/08-80028-010-61.25**

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

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:**

*James L. Alexander*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_