

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000213

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** POINT OF WOODS HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

113 POINT OF WOODS TRL  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

113 POINT OF WOODS TRL  
PALATKA, FL 32177

**New Mailing Address:**

**FEI Number:** 59-3353909

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDM ( ) Delete  
Name: ALEXANDER, JAMES L  
Address: 113 PT OF WOODS TRL  
City-St-Zip: PALATKA, FL 32177

Title: TSD ( ) Delete  
Name: ALEXANDER, SHANNA E  
Address: 113 PT OF WOODS TRL  
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete  
Name: HARDEN, FRAN  
Address: 102 PINE TREE PT  
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete  
Name: WELCH, DARRELL  
Address: 126 POINT OF WOODS TR  
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete  
Name: ECHOLS, KEN  
Address: 111 PT OF WOODS TRL  
City-St-Zip: PALATKA, FL 32177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ECHOLS, KEN  
Address: 111 POINT OF WOODS TRL  
City-St-Zip: PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L ALEXANDER

PDM

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date