

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000005220
 1. Entity Name
 THE WOODS OWNERS' ASSOCIATION, INC.



Principal Place of Business
 425 E. HOLLYWOOD BLVD.
 SUITE D
 MARY ESTHER, FL 32569

Mailing Address
 PO BOX 4246
 FORT WALTON BEACH, FL 32549

DO NOT WRITE IN THIS SPACE



04152005 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3420971

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, STEVEN K
 4399 COMMONS DRIVE EAST
 SUITE 300
 DESTINI, FL 32541

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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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, PRENTICE M 35 BAY DR FORT WALTON BEACH, FL 32549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RUNNELS, DAVAGE J JR 4393 COMMONS DR. EAST DESTINI, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOORE, ANNA Y 113 YACHT CLUB COURT FORT WALTON BEACH, FL 32548
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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 04/22/05-80047-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] 4/19/05 850-243599
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone