


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 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



04102006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3420971	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

THOMAS, PRENTICE
425 E. HOLLYWOOD BLVD.
SUITE D
MARY ESTHER, FL 32569

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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 DESTIN, 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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01/28/06-80003-016 61.25

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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: *Prentice M Thomas* 4/10/06 850243597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #