2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N9600005220 --- --
1. Entity Name
THE WOODS OWNERS' ASSOCIATION, INC.



FILED Apr 11, 2008 08:00 Al Secretary of State

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

03252008 No Chg-NP

CR2E037 (4/06)

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

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

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 tith	e if applicable (NOTE: Registered	Agen) signaturi	e required when reinstating)	DATÉ
- · · · · · · · · · · · · · · · · · · ·	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financ Trust Fund Contribution.	cing	\$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		¥60000892712		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					04/23/08-80076-015 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
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TITLE NAME STREET ADDRESS CITY-SI-7IP			Į		

12. Thereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/2008

850-243-5992

Daytime Phone #