


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000005630</b> 1. Entity Name <b>WOODSONG HOMEOWNERS ASSOCIATION OF PINELLAS COUNTY, INC.</b>			
Principal Place of Business P.O. BOX 16041 CLEARWATER FL 33766 US		Mailing Address P.O. BOX 16041 CLEARWATER FL 33766 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-3509009</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BUFALINO, RUSSELL DR.</b> <b>3000 WOODSONG LANE</b> <b>CLEARWATER FL 33761</b>	7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> Zip Code _____
--	--

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD <b>BUFALINO, RUSSELL</b> <b>3000 WOODSONG LN</b> <b>CLEARWATER FL 33761</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: right; font-size: small;">                         1100000191298                          01/24/05-80171-019 61.25                     </div>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD <b>TYRONE, ZDRAYKO</b> <b>3055 WOODSONG LANE</b> <b>CLEARWATER FL 33761</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD <b>SHELLING, JACK</b> <b>3036 WOODSONG LN</b> <b>CLEARWATER FL 33761</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD <b>STEVENSON, ROBERT</b> <b>3078 WOODSONG LN</b> <b>CLEARWATER FL 33761</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Russell C Bufalino, MD* Jan 18, 05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #