


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000002956</b> 1. Entity Name WOODBINE COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business 1206 NE 16TH PLACE GAINESVILLE, FL 32609	Mailing Address 1206 NE 16TH PLACE GAINESVILLE, FL 32609
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01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3450305	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  THEOKTISTO, PETER L 1206 NE 16TH PLACE GAINESVILLE, FL 32609
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**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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	D HARRIS, TOM 2102 S.E. 30TH PLACE GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THEOKTISTO, PETER 1206 NE 16TH PLACE GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, MARK 1221 NW 28TH ST GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000783410  
01/22/08-80024-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**  **Peter Theoktisto** 01/17/08 352-373-0788  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #