

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90013 050 ****61.25

DOCUMENT # N98000004502

1. Entity Name
WOODS EDGE VILLAS HOMEOWNER ASSOCIATION, INC.



40047922

Principal Place of Business
**ALLIANT PROPERTY MGMT
6719 WINKLER RD SUITE 200
FORT MYERS, FL 33919 US**

Mailing Address
**ALLIANT PROPERTY MGMT
6719 WINKLER RD SUITE 200
FORT MYERS, FL 33919 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042008

Chg-NP

CR2E037 (12/06)

4. FEI Number
58-2499746

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLIANT PROP. MGMT
6700 WINKLER RD
SUITE 200
FORT MYERS, FL 33919**

Name **Alliant Property Management**

Street Address (P.O. Box Number is Not Acceptable)

6719 Winkler Rd Suite 200

City **Fort Myers**

FL

Zip Code **33919**

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

Michael Storker Agent

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-08

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

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 **PD** ☐ Delete
NAME **FAULKNER, CATHY**
STREET ADDRESS **28477 HIDDEN LAKE DRIVE**
CITY-STATE-ZIP **BONITA SPRINGS, FL 34134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **STD** ☐ Delete
NAME **SAGE, SANDRA**
STREET ADDRESS **28447 HIDDEN LAKE DRIVE**
CITY-STATE-ZIP **BONITA SPRINGS, FL 34134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D** ☐ Delete
NAME **WILKE, GEORGE**
STREET ADDRESS **28321 HIDDEN LAKE DRIVE**
CITY-STATE-ZIP **BONITA SPRINGS, FL 34134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D** ☐ Delete
NAME **FULTZ, LARRY**
STREET ADDRESS **28459 HIDDEN LAKE DR**
CITY-STATE-ZIP **BONITA SPRINGS, FL 34134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D** ☐ Delete
NAME **MUNRO, JERRY**
STREET ADDRESS **28248 HIDDEN LAKE DR**
CITY-STATE-ZIP **BONITA SPRINGS, FL 34134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

Cathy Faulkner, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-10-08

Daytime Phone #