2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003198

Title:

Name:

Address:

City-St-Zip:

FILED Jan 27, 2004 Secretary of State

Entity Name: WOODPECKER COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 240 1707 BLANDING BOULEVARD ORANGE PARK, FL 32073 MIDDLEBURG, FL 32068 **Current Mailing Address: New Mailing Address:** P.O. BOX 240 P.O. BOX 240 ORANGE PARK, FL 32073 ORANGE PARK, FL 320670240 FEI Number: 59-3640806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HILL, KATHERINE HILL, KATHERINE 2005 PALMELTO PT. DRIVE 2005 PALMETTO PT. DRIVE PONTE VEDRA, FL 33082 US PONTE VEDRA, FL 33082 US 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. SIGNATURE: 01/27/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition TREFFINGER, SANDY HARRINGTON, TERESA B Name: Name: Address: P.O. BOX 240 Address: 358 STILES AVENUE City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: ORANGE PARK, FL 32073 Title: () Delete Title: D (X) Change () Addition Name: HILL, KATHY Name: HILL, KATHY Address: 300 BERMUDA BAY CT. #304 Address: 2005 PALMETTO PT. DRIVE City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082 Title: () Delete Title: () Change () Addition ROLLEN, TERRY Name: Name: 732 WINFORD PLACE Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KATHERINE HILL D 01/27/2004

() Delete

GREEN COVE SPRINGS, FL 32043

JONES, BETTY

1688 COLONIAL DRIVE

(X) Change () Addition

BOCCIERI, MONICA

1921 ROSE MALLOW LN

ORANGE PARK, FL 32003