2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003198

FILED Jaņ 13, 2<u>00</u>6 Secretary of State

Entity Name: WOODPECKER COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1707 BLANDING BOULEVARD MIDDLEBURG, FL 32068 **Current Mailing Address: New Mailing Address:** P.O. BOX 240 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: ROLLEN, TERRY VANCAS, PHYLLIS 732 WINFRED PLACE 4120 ELDRIDGE AVE ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 US 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: PHYLLIS VANCAS 01/13/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HARRINGTON, TERESA B Name: Name: 358 STILES AVENUE Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: Title: () Delete Title: () Change () Addition Name: VANCAS, PHYLLIS Name: Address: 4120 ELDRIDGE AVE Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: Title: () Delete Title: (X) Change () Addition ROLLEN, TERRY Name: KEMP, JERRY Name: 732 WINFORD PLACE 1885 OSPREY BLUFF BLVD Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: ORANGE PARK, FL 32003 Title: () Delete Title: () Change () Addition Name: BOCCIERI, MONICA Name: Address: 1921 ROSE MALLOW LN Address: City-St-Zip: ORANGE PARK, FL 32003 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: PHYLLIS VANCAS D 01/13/2006