

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746349

**Entity Name:** THE WOODS OF PORT ST. JOHN PROPERTY OWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 14, 2017**  
**Secretary of State**  
**CC7643042835**

**Current Principal Place of Business:**

925 MACCO RD  
COCOA, FL 32927

**Current Mailing Address:**

925 MACCO RD  
COCOA, FL 32927

**FEI Number: 59-2011299**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MILLER, SHERI  
925 MACCO ROAD  
COCOA, FL 32927 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           PREITZ, RICHARD  
Address        442 ARABELLA  
City-State-Zip: COCOA FL 32927

Title           VP  
Name           RISING, RICHARD  
Address        7095 ACKERMAN AVE.  
City-State-Zip: COCOA FL 32927

Title           TREASURER  
Name           LONG, CATHERINE  
Address        912 MACCO ROAD  
City-State-Zip: COCOA FL 32927

Title           SECRETARY  
Name           POTTER, KATHERINE  
Address        5500 FAY BLVD.  
City-State-Zip: COCOA FL 32927

Title           OFFICER  
Name           LOBOSCO, CHARLES  
Address        261 CHASE  
City-State-Zip: COCOA FL 32927

Title           OFFICER  
Name           BIENIASZ, PATRICIA  
Address        940 TOPE  
City-State-Zip: COCOA FL 32927

Title           OFFICER  
Name           LONG, CATHERINE  
Address        912 MACCO  
City-State-Zip: COCOA FL 32927

Title           OFFICER  
Name           SCHAUER, PETER  
Address        910 GALLEON STREET  
City-State-Zip: COCOA FL 32927

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: RICHARD PREITZ**

**PRESIDENT**

**04/14/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            OFFICER  
Name            POTTER, RANDON  
Address        5500 FAY BLVD  
City-State-Zip: COCOA FL 32927