

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004921

**Entity Name:** WOODS EDGE CONDOMINIUM OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

4802 SW 85TH AVE  
GAINESVILLE, FL 32608

**Current Mailing Address:**

P.O. BOX 142124  
GAINESVILLE, FL 32614

**FEI Number:** 57-1210129

**Certificate of Status Desired:** No

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

REALTY SOLUTIONS OF NORTH FLORIDA, INC  
4802 SW 85TH AVE  
GAINESVILLE, FL 32608 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 P  
Name JOHNSON, TREY  
Address 1213 NW 55TH STREET, UNIT 1  
City-State-Zip: GAINESVILLE FL 32605

Title VP  
Name KUHNS, MARY  
Address 1213 NW 55TH STREET #4  
City-State-Zip: GAINESVILLE FL 32605

*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:** TREY JOHNSON

**PRES**

**04/21/2015**

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

\_\_\_\_\_  
Date