

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# 719336

Entity Name: WOODLAND LAKE PROPERTY OWNERS IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 612
GULF BREEZE, FL 325620612

New Principal Place of Business:

10 HIGHPOINT DR.
GULF BREEZE, FL 32561

Current Mailing Address:

PO BOX 612
GULF BREEZE, FL 325620612

New Mailing Address:

FEI Number: 59-3203394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVELY, JAMES L JR.
10 HIGHPOINT DR.
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIVELY, JAMES L JR.
Address: 10 HIGHPOINT DR.
City-St-Zip: GULF BREEZE, FL 32561

Title: ST () Delete
Name: SPRAGUE, KATHERINE
Address: 26 HIGHPOINT DR.
City-St-Zip: GULF BREEZE, FL 32561

Title: V () Delete
Name: ECHSNER, STEVEN
Address: 23 N. SUNSET BLVD.
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: DAVIDSON, DAVID
Address: 5 N SUNSET BLVD.
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: BROCK, ALLEN
Address: 9 N. SUNSET DR.
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: YOUD, JOSEPH R JR
Address: 50 HIGHPOINT DR
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KATHERINE SPRAGUE

ST

02/25/2009

Electronic Signature of Signing Officer or Director

Date