## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#739878** 

FILED Feb 03, 2009 Secretary of State

Entity Name: WOODBURY IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

WOODBURY ROAD BOCA RATON, FL 334272301

Current Mailing Address: New Mailing Address:

WOODBURY ROAD P.O. BOX 2301 BOCA RATON, FL 334272301

FEI Number: 59-1934611 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:

MCDERMOTT, PAUL 6354 WOODBURY RD BOCA RATON, FL 33433 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

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD ( ) Delete Title: PD (X) Change ( ) Addition Name: MCDERMOTT, PAUL Name: MCDERMOTT, PAUL

Address: 6354 WOODBURY RD.
City-St-Zip: BOCA RATON, FL 33433 US

Name: WicDERWOTT, FACE
6354 WOODBURY RD.
City-St-Zip: BOCA RATON, FL 33433 US

Title: TD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HAHN, BARRY
 Name:

 Address:
 6197 WOODBURY RD.
 Address:

 City-St-Zip:
 BOCA RATON, FL 33433 US
 City-St-Zip:

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KLIENBERG, ELLIOTT
 Name:

 Address:
 6173 WOODBURY RD.
 Address:

 City-St-Zip:
 BOCA RATON, FL 33433 US
 City-St-Zip:

 $\label{eq:time_def} \mbox{Title:} \qquad \mbox{D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$ 

 Name:
 TOLCES, DAVID
 Name:

 Address:
 6198 WOODBURY RD.
 Address:

 City-St-Zip:
 BOCA RATON, FL 33433
 City-St-Zip:

Title: PD () Delete Title: D (X) Change () Addition

 Name:
 RUSSO, STEVÉ
 Name:
 KARANTONIS, PETER

 Address:
 6329 WOODBURY RD
 Address:
 6317 WOODBURY RD

 City-St-Zip:
 BOCA RATON, FL 33433
 City-St-Zip:
 BOCA RATON, FL 33433

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: BARRY HAHN TD 02/03/2009