

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753262

FILED
May 04, 2009
Secretary of State

Entity Name: WOODCREST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1920 WOODCREST DR #11
WINTER PARK, FL 327925444

New Principal Place of Business:

1920 WOODCREST DR #11
11
WINTER PARK, FL 327925444

Current Mailing Address:

1920 WOODCREST DR #11
WINTER PARK, FL 327925444

New Mailing Address:

1920 WOODCREST DR #11
11
WINTER PARK, FL 327925444

FEI Number: 59-2066307 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TRICE, MARY BETH
1920 WOODCREST DR # 18
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

BARTELL, BETTY
1920 WOODCREST DR # 4
4
WINTER PARK, FL 32792 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: BETTY BARTELL

05/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: O CONNOR, YOLANDA
Address: 1920 WOODCREST DR # 11
City-St-Zip: WINTER PARK,, FL 32792

Title: P () Delete
Name: TRICE, MARY BETH
Address: 1920 WOODCREST DR # 18
City-St-Zip: WINTER PARK, FL 32792

Title: VP () Delete
Name: SAXE, PATRICIA
Address: 1920 WOODCREST DR. #12
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: BARTELL, BETTY
Address: 1920 WOODCREST DR # 4
City-St-Zip: WINTER PARK, FL 32792

Title: VP (X) Change () Addition
Name: PEMSEL, ALTHEA
Address: 1920 WOODCREST DR. #9
City-St-Zip: WINTER PARK, FL 32792

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: YOLANDA O CONNOR

ST

05/04/2009

Electronic Signature of Signing Officer or Director

Date