

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765820

FILED
Mar 19, 2009
Secretary of State

Entity Name: CORKSCREW WOODLANDS ASSOCIATION, INC.

Current Principal Place of Business:

21600 CORKSCREW WOODLANDS BLVD.
ESTERO, FL 33928

New Principal Place of Business:

Current Mailing Address:

21600 CORKSCREW WOODLANDS BLVD.
ESTERO, FL 33928

New Mailing Address:

FEI Number: 59-2264345 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FT. MYERS, FL 33901 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: SMOYER, RON
Address: 10907 PEREGRINE FALCON CIRCLE
City-St-Zip: ESTERO, FL 33928

Title: VP () Delete
Name: SLADEK, DAVID
Address: 10931 PEREGRINE FALCON CIRCLE
City-St-Zip: ESTERO, FL 33928

Title: S () Delete
Name: CARR, RITA
Address: 10913 LIMPKIN CIRCLE
City-St-Zip: ESTERO, FL 33928

Title: T () Delete
Name: HART, JAMES
Address: 10943 PEREGRINE FALCON CIR
City-St-Zip: ESTERO, FL 33928

Title: BMD () Delete
Name: SPRINGER, ROSS
Address: 10747 ROSEATE SPOONBILL CIRCLE
City-St-Zip: ESTERO, FL 33928

Title: BMD () Delete
Name: BOLEN, LON
Address: 10839 WHITE WOOD STORK CIRCLE
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: KLINE, JIM
Address: 10844 BONAPARTES GULL CIRCLE
City-St-Zip: ESTERO, FL 33928

Title: S (X) Change () Addition
Name: SLADEK, DAVE
Address: 10931 PEREGRINE FALCON CIRCLE
City-St-Zip: ESTERO, FL 33928

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: TIMOTHY D. FISHER

Electronic Signature of Signing Officer or Director

GM

03/19/2009

Date