

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01580

FILED
Apr 20, 2009
Secretary of State

Entity Name: WOODS OF PALMA SOLA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

401 73RD ST NW
P. O. BOX 14062
BRADENTON, FL 34209 US

New Principal Place of Business:

Current Mailing Address:

401 73RD ST NW
P. O. BOX 14062
BRADENTON, FL 34209 US

New Mailing Address:

FEI Number: 59-2477191 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, GAIL
401 73RD ST NW
BRADENTON, FL 34209 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: T () Delete
Name: ROGERS, GAIL
Address: 401 73RD STREET NW
City-St-Zip: BRADENTON, FL 34209

Title: VP () Delete
Name: DAUGHTREY, RICHARD
Address: 74012ND AVE NW
City-St-Zip: BRADENTON, FL 34209

Title: S () Delete
Name: PRUITT, JUDY
Address: 214 73RD ST NW
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: JAMES, LORETTA
Address: 305 73RD ST NW
City-St-Zip: BRADENTON, FL 34209

Title: P () Delete
Name: STURDIVANT, DALE
Address: 7414 3RD AVE NW
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: GROSSER, GREG
Address: 410 73RD STREET NW
City-St-Zip: BRADENTON, FL 34209

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: D (X) Change () Addition
Name: LEPLEY, JACKIE
Address: 306 73RD STREET NW
City-St-Zip: BRADENTON, FL 34209

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: GAIL ROGERS

T

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date