2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002786

FILED Apr 14, 2009 Secretary of State

Entity Name: WOODSLANDING HOMEOWNERS ASSOCIATION, INC.

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

3461-B FAIRLANE FARMS ROAD C/O WELLINGTON MANAGEMENT WELLINGTON, FL 33414 3461-B FAIRLANE FARMS ROAD

WELLINGTON, FL 33414

Current Mailing Address: New Mailing Address:

C/O WELLINGTON MANAGEMENT 3461-B FAIRLANE FARMS ROAD 3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414 WELLINGTON, FL 33414

FEI Number: 20-2921640 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:

NEWSOME, JOHN 3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414

NEWSOME, JOHN C/O WELLINGTON MANAGEMENT 3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414 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: JOHN NEWSOME 04/14/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

ECHEVARRIA, RAUL ECHEVARRIA, RAUL Name: Name: 3461-B FAIRLANE FARMS ROAD Address: 8036 WOODSLANDING TRAIL Address: City-St-Zip: WELLINGTON, FL 33414 US City-St-Zip: WEST PALM BEACH, FL 33411 US

(X) Change () Addition Title: () Delete Title: ANDERSON, MICHAEL Name: ANDERSON, MICHAEL Name:

Address: 3461-B FAIRLANE FARMS ROAD Address: 636 FOREST BENT BOULEVARD City-St-Zip: WELLINGTON, FL 33414 US City-St-Zip: WEST PALM BEACH, FL 33411 US

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

DE LA RACHA, MARIBEL Name: DE LA ROCHA, MARIBEL Name: 3461-B FAIRLANE FARMS ROAD 628 FOREST BENT BOULEVARD Address: Address: City-St-Zip: WELLINGTON, FL 33414 US City-St-Zip: WEST PALM BEACH, FL 33411 US

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: RAUL ECHEVARRIA Ρ 04/14/2009