

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N07471

Entity Name: WOOD DALE HOMEOWNERS CORPORATION

Current Principal Place of Business:

C/O VIRGINIA HILLS
37914 BENTLEY DR
ZEPHYRHILLS, FL 33542 US

New Principal Place of Business:

Current Mailing Address:

C/O VIRGINIA HILLS
37914 BENTLEY DR
ZEPHYRHILLS, FL 33542 US

New Mailing Address:

FEI Number: 59-2988465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLS, VIRGINIA
37914 BENTLEY DR
ZEPHYRHILLS, FL 33542 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: HOFFMAN, BOB
Address: 27935 CAPE COD DR.
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: DST () Delete
Name: HILLS, VIRGINIA
Address: 37914 BENTLEY DR
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: VP () Delete
Name: SKINNER, JAN
Address: 37744 CAPE COD DR
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D () Delete
Name: DAWSON, LOIS
Address: 6633 NEW ENGLAND DR
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D () Delete
Name: SCHALOW, BOB
Address: 37829 BOSTON AVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: () Delete
Name:
Address:
City-St-Zip:

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: ALT () Change (X) Addition
Name: BOS, RICHARD
Address: 37926 CAPE COD DR
City-St-Zip: ZEPHYRHILLS, FL 33542 PA

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: VIRGINIA HILLS

DST

02/25/2009

Electronic Signature of Signing Officer or Director

_____ Date