

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21252

FILED
Mar 14, 2012
Secretary of State

Entity Name: WOODS WALK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

C/O ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 65-0054869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVE S STE 400
W PALM BEACH, FL 33409 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: PD
Name: KINLEY, KEITH
Address: 3666 WOODS WALK BLVD
City-St-Zip: LAKE WORTH, FL 33467

Title: VD
Name: SICA, GEORGE
Address: 3755 WOODS WALK BLVD
City-St-Zip: LAKE WORTH, FL 33467

Title: SD
Name: GRADOWSKI, DIANE
Address: 9864 CROSS PINE COURT
City-St-Zip: LAKE WORTH, FL 33467

Title: TD
Name: GRADOWSKI, DIANE
Address: 9864 CROSS PINE COURT
City-St-Zip: LAKE WORTH, FL 33467

Title: D
Name: MEEK, DARIN
Address: 3551 LITTLE PINE LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: D
Name: CUMMINGS, PAUL
Address: 9887 CROSS PINE COURT
City-St-Zip: LAKE WORTH, FL 33467

I hereby 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 all other like empowered.

SIGNATURE: BRIAN MCENTEE

APM

03/14/2012

Electronic Signature of Signing Officer or Director

Date