

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 23, 2009  
Secretary of State**

DOCUMENT# N99000003404

Entity Name: WOODHAVEN ESTATES VILLAS PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4370 S. TAMIAMI TRAIL  
SUITE 102  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

4370 SOUTH TAMIAMI TR  
SUITE 102  
SARASOTA, FL 34231

**New Mailing Address:**

FEI Number: 65-0947259      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CASEY CONDOMINIUM MGMT  
4370 SOUTH TAMIAMI TR  
SUITE 102  
SARASOTA, FL 34231 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: RUMMANS, LAURA  
Address: 1312 HEDGEWOOD CIR  
City-St-Zip: NORTH PORT, FL 34288

Title: VPD ( ) Delete  
Name: KOENIG, BILL  
Address: 1435 MIMS CT  
City-St-Zip: NORTH PORT, FL 34288

Title: TD ( ) Delete  
Name: EGGLESTON, TOM  
Address: 5943 FAIRLANE DR  
City-St-Zip: NORTH PORT, FL 34288

Title: SD ( ) Delete  
Name: MESZAROS, JOANN  
Address: 5906 FAIRLANE DRIVE  
City-St-Zip: NORTH PORT, FL 34288

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: AS ( ) Change (X) Addition  
Name: SPENCE, BRIDGET  
Address: 4370 S. TAMIAMI TRAIL #102  
City-St-Zip: SARASOTA, FL 34212

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: BRIDGET SPENCE

AS

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date