

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004404

FILED
Apr 11, 2008
Secretary of State

Entity Name: WOODLAWN HEIGHTS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3749 D GULF BREEZE PKWY
#334
GULFBREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

3749 D GULF BREEZE PKWY
#334
GULFBREEZE, FL 32563

New Mailing Address:

FEI Number: 59-3736602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLS, TERRY
5360 GALBERRY LANE
GULF BREEZE, FL 32563 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: DP () Delete
Name: MILLS, TERRY
Address: 3749 D GULF BREEZE PKWY #334
City-St-Zip: GULFBREEZE, FL 32563

Title: D () Delete
Name: MASON, JAMES
Address: 3749D GULF BREEZE PKWY #334
City-St-Zip: GULF BREEZE, FL 32563

Title: DST () Delete
Name: NIEBERLEIN, ED
Address: 3749 D GULF BREEZE PKWY #334
City-St-Zip: GULFBREEZE, FL 32563

Title: D () Delete
Name: KEENER, THOMAS
Address: 3749D GULF BREEZE PKWY #334
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: MCLAURINE, HENRY
Address: 3749 D GULF BREEZE PKWY #334
City-St-Zip: GULFBREEZE, FL 32563

Title: D () Delete
Name: LEHMANN, MARK
Address: 3749 D GULF BREEZE PKWY #334
City-St-Zip: GULFBREEZE, FL 32563

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: D (X) Change () Addition
Name: BROSOFSKY, HARRY
Address: 3749D GULF BREEZE PKWY #334
City-St-Zip: GULF BREEZE, FL 32563

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BURT, ROBERT
Address: 3749 D GULF BREEZE PKWY #334
City-St-Zip: GULFBREEZE, FL 32563

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: ED NIEBERLEIN

DST

04/11/2008

Electronic Signature of Signing Officer or Director

Date