

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90080 033 ****61.25

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|---|--|---|---|--|--|
| DOCUMENT # N94000001108 | | | | | |
| 1. Entity Name WOODBURY GLEN HOMEOWNER'S ASSOCIATION, INC. | | | | | |
| Principal Place of Business 190 NORTH WESTMONTE DRIVE SUITE 100 ALTAMONTE SPRINGS, FL 32714 US | | | Mailing Address 190 NORTH WESTMONTE DRIVE SUITE 100 ALTAMONTE SPRINGS, FL 32714 US | | |
| 2. Principal Place of Business - No P.O. Box # 860 North S.R. 434 | | 3. Mailing Address 860 North S.R. 434 | | | |
| Suite, Apt. #, etc. Suite 1009 | | Suite, Apt. #, etc. Suite 1009 | | 03192008 Chg-NP CR2E037 (12/06) | |
| City & State Altamonte Springs, FL | | City & State Altamonte Springs, FL | | 4. FEI Number 59-3256423 | |
| Zip 32714 | | Country USA | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent | |
| CAMPBELL, MARILYN 190 NORTH WESTMONTE DRIVE SUITE 100 ALTAMONTE SPRINGS, FL 32714 | | | | 7. Name and Address of New Registered Agent | |
| Name Campbell, Marilyn | | | | Street Address (P.O. Box Number is Not Acceptable) 860 North S.R. 434 | |
| Suite, Apt. #, etc. Suite 1009 | | | | City & State Altamonte Springs, FL | |
| Zip 32714 | | | | Zip Code 32714 | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE: <u>Marilyn Campbell</u> DATE: <u>3/25/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P DELERME, HENRY 12842 WOODBURY GLEN DR ORLANDO, FL 32828 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | T. Diaz, David 12839 Woodbury Glen Dr. Orlando, FL 32828 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP RICE, DAVID 12809 WOODBURY GLEN DR ORLANDO, FL 32828 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ _____ _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST ROTH, LINDA 12843 WOODBURY GLEN DR ORLANDO, FL 32828 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P Roth, Linda 12843 Woodbury Glen Dr. Orlando, FL 32828 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ _____ _____ | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ _____ _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ _____ _____ | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ _____ _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ _____ _____ | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ _____ _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Linda K Roth</u> <u>4-15-2008</u> <u>407-658-4079</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |