2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001108

FILED Mar 30, 2009 Secretary of State

Entity Name: WOODBURY GLEN HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

860 NORTH S.R. 434 12843 WOODBURY GLEN DR. STE. 1009 ORLANDO, FL 32828 US

ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address: New Mailing Address:

860 NORTH S.R. 434 STE. 1009

ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-3256423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CAMPBELL, MARILYN 860 NORTH S.R. 434 STE. 1009

ALTAMONTE SPRINGS, FL 32714 US

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:

Floring Cinches of Devictors of August

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 T
 () Delete
 Title:
 ST
 (X) Change () Addition

 Name:
 DIAZ, DAVID
 Name:
 DIAZ, DAVID

 Address:
 12839 WOODBURY GLEN DR.
 Address:
 12839 WOODBURY GLEN DR.

City-St-Zip: ORLANDO, FL 32828 City-St-Zip: ORLANDO, FL 32828 US

Title: VP () Delete Title: VP (X) Change () Addition

Name: RICE, DAVID Name: RICE, DAVID

 Address:
 12809 WOODBURY GLEN DR
 Address:
 12809 WOODBURY GLEN DR

 City-St-Zip:
 ORLANDO, FL 32828
 City-St-Zip:
 ORLANDO, FL 32828 US

Title: P () Delete Title: P (X) Change () Addition

Name: LINDA, ROTH Name: LINDA, ROTH

Address: 12843 WOODBURY GLEN DR Address: 12843 WOODBURY GLEN DR
City-St-Zip: ORLANDO, FL 32828 US

City-St-Zip: ORLANDO, FL 32828 City-St-Zip: ORLANDO, FL 32828 US

Title: () Delete Title: MGR () Change (X) Addition
Name: RUSSELL, MIRIAM A MGR
Address: Address: 860 NORTH S.R. 434, SUITE 1009
City-St-Zip: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: MIRIAM A. RUSSELL MGR 03/30/2009