

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721138

FILED
Feb 08, 2009
Secretary of State

Entity Name: WOODLAND DRIVES ASSOCIATION, INC.

Current Principal Place of Business:

1202 CAMELLIA DRIVE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

1202 CAMELLIA DRIVE
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-1501116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERGER, TOMAS G
1202 CAMELLIA DRIVE
TALLAHASSEE, FL 32301 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: FREDERICK, MARY
Address: 805 CIRCLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP () Delete
Name: WALDEN, TOM
Address: 1067 MERRITT DR.
City-St-Zip: TALLAHASSEE, FL 32301

Title: T () Delete
Name: BERGER, TOMAS G
Address: 1202 CAMELLIA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: STINSON, DONNA
Address: 1507 OLD FORT DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: S () Delete
Name: YOUCHUCK, GREG
Address: 1121 SARASOTA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: SHARGEL, MIA
Address: 1515 SEMINOLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

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
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Address:
City-St-Zip:

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

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

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: TOMAS G. BERGER

T

02/08/2009

Electronic Signature of Signing Officer or Director

Date