

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 26, 2009
Secretary of State

DOCUMENT# 726085

Entity Name: WOODLANDS GOLF ASSOCIATION, INC.**Current Principal Place of Business:**4600 WOODLANDS BLVD
TAMARAC, FL 33319 US**New Principal Place of Business:****Current Mailing Address:**4600 WOODLANDS BLVD
TAMARAC, FL 33319 US**New Mailing Address:****FEI Number:** 59-1461337**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RANDALL KAYE ROGER & ASSOCIATES, P.A.
621 NW 53RD STREET #300
BOCA RATON, FL 33487 US**Name and Address of New Registered Agent:**GREENBLUM, LOIS
4600 WOODLANDS BLVD
TAMARAC, FL 33319 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: LOIS GREENBLUM

03/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MELLGREN, MICHELE
Address: 4509 KING PALM DRIVE
City-St-Zip: TAMARAC, FL 33319

Title: P () Delete
Name: SPECTOR, ARTHUR
Address: 4604 QUEEN PALM LANE
City-St-Zip: TAMARAC, FL 33319

Title: V1 () Delete
Name: BUCK, STEVE
Address: 4508 KING PALM DRIVE
City-St-Zip: TAMARAC, FL 33319

Title: T () Delete
Name: BURDIGE, CINDY
Address: 9108 VINEYARD LAKE DRIVE
City-St-Zip: PLANTATION, FL 33324

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: D (X) Change () Addition
Name: HORLICK, PAUL
Address: 5203 YELLOW PINE LANE
City-St-Zip: TAMARAC, FL 33319

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

Title: D () Change (X) Addition
Name: SAHR, MICHAEL
Address: 4901 N TRAVLERS PALM LANE
City-St-Zip: TAMARAC, FL 33319

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: ARTHUR SPECTOR

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date