2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 30, 2008
Secretary of State

DOCUMENT# 726376

Entity Name: WOODGATE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1428 WOODGATE WAY
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1428 WOODGATE WAY
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-1522085 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIPASQUALE, ELLEN D
1513 WOODGATE WAY
TALLAHASSEE, FL 32308 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: KAVEN, ERIN
Address: 1428 WOODGATE WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: S ( ) Delete
Name: SEXTON, CHRISTINE
Address: 1417 OLDFIE LD DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: T ( ) Delete
Name: LEVINS, BARBIE
Address: 1500 WILLOW WICK
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: NAPIER, TOM
Address: 2927 HUNTINGTON DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP ( ) Delete
Name: BAER, CATHERINE
Address: 1421 WOODGATE WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: GARRETT, ED
Address: 3117 BRANDY WINE DR
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: RUSSELL, KAREN
Address: 3042 STILLWOOD COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: ( ) Change ( ) Addition
Name:
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: ERIN KAVEN P 09/30/2008

Electronic Signature of Signing Officer or Director — Date