

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729162

FILED
Feb 04, 2009
Secretary of State

Entity Name: WOODLAKE ASSOCIATION, INC.

Current Principal Place of Business:

11350 66TH ST. N - SUITE 124
LARGO, FL 33773 US

New Principal Place of Business:

Current Mailing Address:

11350 66TH ST. N - SUITE 124
LARGO, FL 33773 US

New Mailing Address:

FEI Number: 59-2023853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BABCOCK, ROBERT A
11350 66TH ST. N - SUITE 124
LARGO, FL 33773 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: VP () Delete
Name: SCHOONMAKER, DENISE
Address: 10033 DR. M. L. KING JR. ST. N. - 2ND FLR.
City-St-Zip: ST. PETERSBURG, FL 33716

Title: T () Delete
Name: BLACKWELL, MARCY
Address: 10033 DR. M. L. KING JR. ST. N. - 2ND FLR.
City-St-Zip: ST. PETERSBURG, FL 33716

Title: D () Delete
Name: GOMEZ, RAMON
Address: 2056 SUNSET BLVD.
City-St-Zip: CLEARWATER, FL 33765

Title: P () Delete
Name: HILLENBERG, GLORIA
Address: 2076 SUNSET POINT RD #145
City-St-Zip: CLEARWATER, FL 33765

Title: S (X) Delete
Name: VILLARDI, SUSAN
Address: 5058 SUNSET POINT RD. #118
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHOONMAKER, DENISE
Address: 2054 SUNSET POINT RD #31
City-St-Zip: CLEARWATER, FL 33765

Title: TD (X) Change () Addition
Name: WILLIAMS, COLETTE
Address: 2070 SUNSET POINT RD #52
City-St-Zip: CLEARWATER, FL 33765

Title: D (X) Change () Addition
Name: VILARDI, SUE
Address: 2058 SUNSET POINT RD #18
City-St-Zip: CLEARWATER, FL 33765

Title: SD (X) Change () Addition
Name: FORTUNA, SYLIVA
Address: 2070 SUNSET POINT RD. #111
City-St-Zip: CLEARWATER, FL 33765

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: DENISE SCHOONMAKER

PD

02/04/2009

Electronic Signature of Signing Officer or Director

Date