

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733348

FILED
Jan 15, 2009
Secretary of State

Entity Name: WOODLANDS ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

720 BROOKER CREEK BLVD. #206
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

720 BROOKER CREEK BLVD. #206
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: 59-1679407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCANNAVINO, INC.
720 BROOKER CREEK BLVD. #206
OLDSMAR, FL 34677 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: D () Delete
Name: RYAN, CANDY
Address: 300 PALMDALE DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: TD () Delete
Name: KELLEY-LENTZ, ANGELA
Address: 460 HICKORYNUT AVENUE
City-St-Zip: OLDSMAR, FL 34677

Title: SD () Delete
Name: KNABEL, KATHERINE
Address: 385 CYPRESS CREEK CIRCLE
City-St-Zip: OLDSMAR, FL 34677

Title: PD () Delete
Name: FOSBROOK, JUDY
Address: 90 ARBOR LANE
City-St-Zip: OLDSMAR, FL

Title: VD () Delete
Name: ESTERLINE, JASON
Address: 140 PINE LAKE DR
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: DEPIES, DAN
Address: 455 PALMDALE DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: VD (X) Change () Addition
Name: FORD-KNABEL, KATHERINE
Address: 385 CYPRESS CREEK CIRCLE
City-St-Zip: OLDSMAR, FL 34677

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

Title: SD (X) Change () Addition
Name: FELLER, DAVID
Address: 320 PALMDALE
City-St-Zip: OLDSMAR, FL 34677

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: JUDY FOSBROOK

PD

01/15/2009

Electronic Signature of Signing Officer or Director

Date