2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# 746320

Entity Name: WOODLAND VILLAS CONDOMINIUM I ASSOCIATION, INC.

Current Principal Place of Business:

SEABOARDN ARBORS MANAGEMENT
2189 CLEVELAND ST, STE 225
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

SEABOARDN ARBORS MANAGEMENT
2189 CLEVELAND ST, STE 225
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-1977450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEIGHTON, LENNARD A
2189 CLEVELAND ST
STE 225
CLEARWATER, FL 33765 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:	O'KEEFE, BOB	
Address:	2465 NORTHSIDE DR #1502	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	TD	( ) Delete
Name:	DOHERTY, JACK	
Address:	2465 NORTHSIDE DR, #150	
City-St-Zip:	CLEARWATER, FL	
Title:	SD	( ) Delete
Name:	FOULKS, JEANETTE	
Address:	2465 NORTHSIDE DR. #1803	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	PD	( ) Delete
Name:	MACLEAN, JOHN (BOB)	
Address:	2465 NORTHSIDE DR. #403	
City-St-Zip:	CLEARWATER, FL	
Title:	VD	( ) Delete
Name:	SHANNYFELT, JIM	
Address:	2465 NORTHSIDE DR STE 1703	
City-St-Zip:	CLEARWATER, FL	

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
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: JOHN MACLEAN P 01/28/2009
Electronic Signature of Signing Officer or Director — Date