

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747268

FILED
Mar 09, 2009
Secretary of State

Entity Name: WOODBRIAR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 17587
TAMPA, FL 33682

New Principal Place of Business:

15509 WOODFAIR PL
TAMPA, FL 33613

Current Mailing Address:

P.O. BOX 17587
TAMPA, FL 33682

New Mailing Address:

PO BOX 17587
TAMPA, FL 33682

FEI Number: 20-8903521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PERKINS, BARBARA A
1004 LITTLEWOOD CT
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

BOKOR, MARK
15509 WOODFAIR PL
TAMPA, FL 33613 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: MARK BOKOR

03/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PERKINS, BARBARA A
Address: 1004 LITTLEWOOD CT
City-St-Zip: TAMPA, FL 33613

Title: VP () Delete
Name: JOY, MARY ELLEN
Address: 15520 WOODWAY DR
City-St-Zip: TAMPA, FL 33613

Title: T () Delete
Name: BAKO, STEPHEN
Address: 15521 WOODWAY DR.
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: BOKOR, MARK
Address: 15509 WOOD FAIR PL
City-St-Zip: TAMPA, FL 33618

Title: S () Delete
Name: VAUGHN, ELLEN
Address: 15408 WOODWAY DR.
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOKOR, MARK
Address: 15509 WOODFAIR PL
City-St-Zip: TAMPA, FL 33613

Title: S (X) Change () Addition
Name: JOY, MARY ELLEN
Address: 15520 WOODWAY DR
City-St-Zip: TAMPA, FL 33613

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

Title: D (X) Change () Addition
Name: PERKINS, BARBARA
Address: 1004 LITTLEWOOD CT
City-St-Zip: TAMPA, FL 33613

Title: D (X) Change () Addition
Name: VAUGHN, ELLEN
Address: 15408 WOODWAY DR.
City-St-Zip: TAMPA, FL 33618

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: STEPHEN BAKO

T

03/09/2009

Electronic Signature of Signing Officer or Director

Date