

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747592

FILED
Feb 24, 2009
Secretary of State

Entity Name: WOODLAKE OF DEER CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

243 WOODLAKE CIR
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

243 WOODLAKE CIR
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

FEI Number: 59-2559854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCORMICK, JOAN
243 WOODLAKE CIR
DEERFIELD BEACH, FL 33442 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: PD () Delete
Name: BROWN, DEBORAH
Address: 1985 WOODLAKE TERRACE
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: D () Delete
Name: MAHONEY, MARSH
Address: 371 WOODLAKE LN
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: D () Delete
Name: MCALDUFF, JEAN
Address: 319 WOODLAKE LANE
City-St-Zip: DEERFIELD BEACH, FL US

Title: TD () Delete
Name: MCCORMICK, JOAN
Address: 243 WOODLAKE CIRCLE
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: VSD () Delete
Name: MACEACHERN, ALAN
Address: 2002 WOODLAKE CIRCLE
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MCALDUFF, JEANNE
Address: 319 WOODLAKE LANE
City-St-Zip: DEERFIELD BEACH, FL 33442 US

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

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

Title: SD () Change (X) Addition
Name: CAROLYN, MCNAMARA
Address: 2006 WOODLAKE CIRCLE
City-St-Zip: DEERFIELD BEACH, FL 33442 US

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: JOAN MCCORMICK

TD

02/24/2009

Electronic Signature of Signing Officer or Director

Date