

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748598

FILED
Sep 01, 2009
Secretary of State

Entity Name: WOODBURY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7700 NORTH KENDALL DR
SUITE PH-2
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

7700 NORTH KENDALL DR
SUITE PH-2
MIAMI, FL 33156 US

New Mailing Address:

FEI Number: 59-2088226 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CADICORP MANAGEMENT GROUP
7700 N. KENDALL DRIVE
SUITE # 802
MIAMI, FL 33156 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHMIDT, RUTH
Address: 13559 SW 48TH LANE
City-St-Zip: MIAMI, FL 33175 US

Title: TD () Delete
Name: HOGDON, FREDERICK
Address: 4853 SW 135 CT
City-St-Zip: MIAMI, FL 33175 US

Title: PD () Delete
Name: QUINTANA, MAGGIE
Address: 4732 SW 135 PL
City-St-Zip: MIAMI, FL 33175 US

Title: SD () Delete
Name: BANDIN, CHRISTINE
Address: 4609 SW 136TH PLACE
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: SAEED, GHAZALA
Address: 4965 SW 136 PL
City-St-Zip: MIAMI, FL 33175 US

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: MAGGY QUINTANA

PD

09/01/2009

Electronic Signature of Signing Officer or Director

Date