

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748602

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** WOODS AND LAKES AIR PARK PROPERTY OWNERS ASSOCIATION

**Current Principal Place of Business:**

6435 SE 159TH COURT  
OCKLAWAHA, FL 32179

**New Principal Place of Business:**

**Current Mailing Address:**

6435 SE 159TH COURT  
OCKLAWAHA, FL 32179

**New Mailing Address:**

**FEI Number:** 59-2540347

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MALSPEIS, S. PHILIP, ESQ.  
901 N.E. 125TH STREET, SUITE C  
NORTH MIAMI, FL 33161 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: P ( ) Delete  
Name: SCHWARTZ, IRVING  
Address: 6400 SE 159TH CT  
City-St-Zip: OCKLAWAHA, FL 32179

Title: VP ( ) Delete  
Name: DWAINE, BERRY  
Address: 6504 SE 159TH CT  
City-St-Zip: OCKLAWAHA, FL 32179

Title: ST ( ) Delete  
Name: CAROL, HARRIS  
Address: 6548 SE 159TH CT  
City-St-Zip: OCKLAWAHA, FL 32179

Title: D ( ) Delete  
Name: PARZIALE, JOHN  
Address: 624 3 SE 158TH CT.  
City-St-Zip: OCKLAWAHA, FL 32179

Title: D ( ) Delete  
Name: BISHOP, J.  
Address: 6280 SE 159TH CT  
City-St-Zip: OCKLAWAHA, FL 32179

Title: D (X) Delete  
Name: BISHOP, JAMES  
Address: 6280 SE 159TH CT  
City-St-Zip: OCKLAWAHA, FL 32179

**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: D (X) Change ( ) Addition  
Name: BISHOP, JAMES  
Address: 6280 SE 159TH CT  
City-St-Zip: OCKLAWAHA, FL 32179

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: CAROL A. HARRIS

ST

03/24/2009

Electronic Signature of Signing Officer or Director

Date