2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 748707

Entity Name: THE WOODS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1901 N. ANDREWS AVENUE
WILTON MANORS, FL 33311

New Principal Place of Business:

Current Mailing Address:

1901 N. ANDREWS AVENUE
WILTON MANORS, FL 33311

New Mailing Address:

FEI Number: 59-2014041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFIN, TUCKES
1901 N. ANDREWS AVE.
STE. #102
WILTON MANORS, FL 33311 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:	TD	( ) Delete
Name:	WISCHOWSKI, KIMBERLY	
Address:	1901 N ANDREWS AVE, #110	
City-St-Zip:	WILTON MANORS, FL 33311	
Title:	VPD	( ) Delete
Name:	COOPER, STEVEN	
Address:	1901 N ANDREWS AVE #215	
City-St-Zip:	WILTON MANORS, FL 33311	
Title:	SD	( ) Delete
Name:	KOHNKE, CHRISTOPHER	
Address:	1901 N ANDREWS AVENUE #219	
City-St-Zip:	WILTON MANORS, FL 33311	
Title:	PD	( ) Delete
Name:	GRIFFIN, TUCKER	
Address:	1901 N. ANDREWS AVE., #102	
City-St-Zip:	WILTON MANORS, FL 33311	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	TD	(X) Change ( ) Addition
Name:	CORDASCO, GIULIO	
Address:	61 NW 46 CT	
City-St-Zip:	FT. LAUDERDALE, FL 33309	
Title:	VPD	(X) Change ( ) Addition
Name:	HAYDEN, JOHN	
Address:	1901 N ANDREWS AVE #122	
City-St-Zip:	WILTON MANORS, FL 33311	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	SHAFER, CAROL	
Address:	1901 N. ANDREWS AVE., #121	
City-St-Zip:	WILTON MANORS, FL 33311	
Title:	PD	( ) Change (X) Addition
Name:	BUFORD, DERRICK	
Address:	1901 NORTH ANDREWS AVE.#114	
City-St-Zip:	WILTON MANORS, FL 33311	

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: DERRICK BUFORD PD 04/22/2009

Electronic Signature of Signing Officer or Director — Date