2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Sep 22, 2009 **DOCUMENT#750952** Secretary of State

Entity Name: WOODLAKE VILLAGE TOWNHOMES, INC.

Current Principal Place of Business: New Principal Place of Business:

4230 N.W. 114 TERRACE CORAL SPRINGS, FL 33065 US

Current Mailing Address: New Mailing Address:

P.O. BOX 9568 CORAL SPRINGS, FL 33075

FEI Number: 59-2070037 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

THE LAW OFFICES OF BILU & BILU LAW OFFICE OF RHONDA HOLLANDER, P.A. 323 SW 1ST AVENUE 2700 WEST ATLANTIC BLVD SUITE 204 - 21 DANIA BEACH, FL 33004 US POMPANO BEACH, FL 33069 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: RHONDA HOLLANDER 09/22/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES () Delete () Change () Addition

FONSECA, MAURO Name: Name: 4262 NW 114 TERRACE Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip:

Title: () Delete Title: () Change () Addition

FONSECA, MAURO Name: Name: Address: 4262 NW 114TH TERRACE Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip:

Title: TRE () Delete Title: () Change () Addition

FONSECA, MAURO Name: Name: Address: 4262 N.W. 114 TERRACE Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip:

Title: SECR () Delete Title: () Change () Addition

Name: WATTERS, CHRISTINE Name: Address: 4242 NW 114TH TERRACE Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip:

Title: SEC2 () Delete Title: () Change () Addition

Name: BARBOSA, ALVARO Name: 4226 NW 114TH TERRACE Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 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: MAURO FONSECA **PRES** 09/22/2009