

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756752

FILED
Apr 01, 2009
Secretary of State

Entity Name: THE WOODHAVEN CONDOMINIUM AT PALM COAST, INC.

Current Principal Place of Business:

PO BOX 350792
PALM COAST, FL 32135 US

New Principal Place of Business:

100 BRIGHTON CIRCLE
PALM COAST, FL 32137 US

Current Mailing Address:

PO BOX 350792
P.O. BOX 350792
PALM COAST, FL 321350792 US

New Mailing Address:

PO BOX 350792
P.O. BOX 350792
PALM COAST, FL 32135 US

FEI Number: 59-2141531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLAPIANTA, MARC
17 OLD KINGKS
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

FLAGLER PALM COAST PROPERTY MANAGEMENT, IN
50 LEANNI WAY
SUITE B6
PALM COAST, FL 32137 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: MARC BELLAPIANTA

04/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SALVUCCI, ANNINO
Address: 18 SOUTHBURY CT
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: BARRY, NORMAN
Address: 15 HEMBURY LANE
City-St-Zip: PALM COAST, FL 32137

Title: SD () Delete
Name: FRAIZER, CHARLES
Address: 6 OXFORD LANE
City-St-Zip: PALM COAST, FL 32137

Title: VPTD () Delete
Name: BRAZZANO, DANIEL
Address: 7 HEMBURY LN
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCNICHOLAS, JAMES
Address: 70 OXFORD LANE
City-St-Zip: PALM COAST, FL 32137 US

Title: TD (X) Change () Addition
Name: BARRY, NORMAN
Address: 15 HEMBURY LANE
City-St-Zip: PALM COAST, FL 32137 US

Title: SD (X) Change () Addition
Name: WARNER, KATHLEEN
Address: 5 SALISBURY LANE
City-St-Zip: PALM COAST, FL 32137 US

Title: VPD (X) Change () Addition
Name: REINA, THOMAS
Address: 8 OXFORD LANE
City-St-Zip: PALM COAST, FL 32137 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: JAMES MCNICHOLAS

PRES

04/01/2009

Electronic Signature of Signing Officer or Director

Date