2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# 764617

Entity Name: LAKE WOODWARD COVE ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 794
EUSTIS, FL 327277794

New Principal Place of Business:

10 COVE LANE
EUSTIS, FL 32726

Current Mailing Address:

P.O. BOX 794
EUSTIS, FL 327277794

New Mailing Address:

FEI Number: 59-2316988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLTZCLAW, RACHEL
66 W. SEMINOLE AVE
EUSTIS, FL 32726 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:	DT	( ) Delete
Name:	HOTTZCLAW, RACHEL	
Address:	11 COUE LANE	
City-St-Zip:	EUSTIS, FL 32726	
Title:	D	( ) Delete
Name:	LONGACRE, SHARON	
Address:	10 COVE LANE	
City-St-Zip:	EUSTIS, FL 32726	
Title:	DS	( ) Delete
Name:	BARRINGER, DIANA	
Address:	41COVE LANE	
City-St-Zip:	EUSTIS, FL 32726	
Title:	DV3	( ) Delete
Name:	KUBICINA, BARBARA	
Address:	32 COVE LANE	
City-St-Zip:	EUSTIS, FL 32726	
Title:	D	( ) Delete
Name:	KUJAWA, MARIE	
Address:	41 COVE LANE	
City-St-Zip:	EUSTIS, FL 32726	
Title:	D	( ) Delete
Name:	SHARP, WALTER	
Address:	43 COVE LANE	
City-St-Zip:	EUSTIS, FL 32726	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	DT	(X) Change ( ) Addition
Name:	HOLTZCLAW, RACHEL	
Address:	11 COVE LANE	
City-St-Zip:	EUSTIS, FL 32726	
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: RACHEL HOLTZCLAW D 04/14/2009

Electronic Signature of Signing Officer or Director — Date