

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770222

FILED
Feb 12, 2009
Secretary of State

Entity Name: WOODHAVEN AT THE CASCADES CONDOMINIUM ASSOCIATION, INCORPORATED

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

2123 SW 20TH PLACE
SUITE 102
OCALA, FL 34471

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

2123 SW 20TH PLACE
SUITE 102
OCALA, FL 34471

FEI Number: 59-2768435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSSHARDT PROPERTY MANGEMENT, INC.
25 EAST SILVER SPRINGS BLVD
OCALA, FL 34460 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: SD () Delete
Name: GORDON, JOAN,
Address: 1549 NE 2ND ST #E
City-St-Zip: OCALA, FL 34470

Title: D () Delete
Name: BRAUNER, JOHN
Address: 2865 SE 35TH STREET
City-St-Zip: OCALA, FL 34471

Title: PD () Delete
Name: DUCH, NONNA
Address: 1551 NE 2ND STREET #H
City-St-Zip: OCALA, FL 34470

Title: VD () Delete
Name: LOZENTSKI, PAULA
Address: 1551 NE 2ND ST. #G
City-St-Zip: OCALA, FL 34470

Title: TD () Delete
Name: WRIGHT, JEFF
Address: 1547 NE 2ND ST #G
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CASTOR, ELEANOR
Address: 1547 NE 2ND STREET, #F
City-St-Zip: OCALA, FL 34470

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: NONNA DUCH

PRES

02/12/2009

Electronic Signature of Signing Officer or Director

Date