

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002382

FILED  
Mar 11, 2009  
Secretary of State

**Entity Name:** WOODS ON LAKE ELSIE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 1655  
MOUNT DORA, FL 32756

**New Principal Place of Business:**

1900 LAKE EUSTIS DRIVE  
EUSTIS, FL 32726

**Current Mailing Address:**

PO BOX 1655  
MOUNT DORA, FL 32756

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

BAUGH, MERLE G  
1900 LAKE EUSTIS DRIVE  
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: DP ( ) Delete  
Name: BAUGH, MERLE G  
Address: PO BOX 1655  
City-St-Zip: MOUNT DORA, FL 32756

Title: D ( ) Delete  
Name: WALKER, JIM  
Address: 1201 LAKE ELSIE DRIVE  
City-St-Zip: TAVARES, FL 32778

Title: S ( ) Delete  
Name: SALAMONE, THERESA  
Address: 1103 JUNIPER CRT  
City-St-Zip: TAVARES, FL 32778

Title: DVP ( ) Delete  
Name: FISH, T.J.  
Address: 1110 JUNIPER CRT.  
City-St-Zip: TAVARES, FL 32778

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

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: MERLE G BAUGH

DP

03/11/2009

Electronic Signature of Signing Officer or Director

Date