## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000002892

City-St-Zip:

WINTER HAVEN, FL 33883

FILED Feb 22, 2008 Secretary of State

Entity Name: LAKE THOMAS WOODS EIGHTH ADDITION HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** LAKE THOMAS WOODS 8TH ADDITION LAKE THOMAS WOODS 8TH ADDITION WINTER HAVEN, FL 33883 114 BRANDY CHASE BLVD WINTER HAVEN, FL 33881 **Current Mailing Address: New Mailing Address:** PO BOX 2404 WINTER HAVEN, FL 33883 FEI Number: 65-1097436 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: MUNGER, MARTIN 114 BRANDY CHASE BLVD WINTER HAVEN, FL 33880 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition MILLER, LAUREN Name: Name: PO BOX 2404 Address: Address: City-St-Zip: WINTER HAVEN, FL 33883 City-St-Zip: Title: Title: ( ) Delete () Change () Addition MASTRANGELO, MARK Name: Name: Address: PO BOX 2404 Address: City-St-Zip: WINTER HAVEN, FL 33883 City-St-Zip: Title: () Delete Title: () Change () Addition MUNGER, MARTIN Name: Name: Address: PO BOX 2404 Address: City-St-Zip: WINTER HAVEN, FL 33883 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: WALTER, LAUEN Name: WALTER, LAUREN Address: PO BOX 2404 Address: PO BOX 2404

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.

City-St-Zip:

WINTER HAVEN, FL 33883

SIGNATURE: MARTIN MUNGER **TRES** 02/22/2008