2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N00000007529

Entity Name: THE WOODLANDS AT GLEN ABBEY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 4303
ENTERPRISE, FL 32725 US

New Principal Place of Business:

882 JACKSON AVENUE
WINTER PARK, FL 32725 US

Current Mailing Address:

P.O. BOX 4303
ENTERPRISE, FL 32725 US

New Mailing Address:

882 JACKSON AVENUE
WINTER PARK, FL 32789 US

FEI Number: 59-3689106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, JANICE
245 GARFIELD RD
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

SPECIALTY MANAGEMENT COMPANY OF CENTRAL FL
882 JACKSON AVENUE
WINTER PARK, FL 32789 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: BRETT M. JORDAN 05/01/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ESPOSITO, WILLIAM
Address: 532 SOFT SHADOW LANE
City-St-Zip: DE BARY, FL

Title: DVP ( ) Delete
Name: SMITH, LESLIE
Address: 518 TERA PLANTATION DR.
City-St-Zip: DE BARY, FL

Title: DST ( ) Delete
Name: INGLIMA, THOMAS
Address: 536 SOFT SHADOW LANE
City-St-Zip: DE BARY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: CARLA, LEAKE
Address: 515 SOFT SHADOW LANE
City-St-Zip: DE BARY, FL 32713

Title: DST (X) Change ( ) Addition
Name: MORPHIS, NATALIE
Address: 523 SOFT SHADOW LANE
City-St-Zip: DE BARY, FL 32713

Title: DV (X) Change ( ) Addition
Name: INGLIMA, THOMAS
Address: 536 SOFT SHADOW LANE
City-St-Zip: DE BARY, FL 32713

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: CARLA LEAKE PD 05/01/2007
Electronic Signature of Signing Officer or Director Date