## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 04, 2008 8:00 am Secretary of State

## DOCUMENT # N00000008380



1. Entity Name THE WOODLANDS PATIO HOMES I AT RIVENDELL ASSOCIATION, INC.							04-04-2008	90011 03′	7 ****61	1.25	
899 WOODBRIDGE DR 8		899 W	Mailing Address 899 WOODBRIDGE DR VENICE, FL 34293			40058488					
- Birina		N-00 B-4	0.14-30			· ·					
		3. Mailir	Mailing Address				<u>  13    00    38   </u>	I DUNA BUNA 1918.			
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			03262008	hg-NP	CR2E037	(12/06)		
City & State		City	& State		<del>_</del> .	4. FEI Number 65-10843	50		<u> </u>	plied For t Applicable	
Zip	ip Country 7		Zíp	ip Cour		ntry	5. Certificate of S	Status Desired		8.75 Add e Required	
6. Name and Address of Current Registere				I Agent			7. Name and Ad	dress of New R	egistered Ag	ent	
DOUGLASS, JESSICA 899 WOODBRIDGE R.						Street Address	CED Nor (P.O. Box Number is	Not Acceptable		f Su	o Fla
VENICE, FL 34293				890		8991	Doodb	c id n	E D1	Q .	:
						City /	10 E _	19.4	FL	Zip Code	93
	named entity	y submits this statement	for the purpo	se of changing its	registere			n the State of Flo	orida. I am far	nitiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered age	nı and title il appli	cable. (NOTE	: Registere	d Agent signature require	d when reinstating)		DATÉ		<del></del> :
Filling Fee is \$61.25 Due by May 1, 2008											
····	_	flay 1, 2008		9. Election Cam Trust Fund C	ontributi	ion.	\$5.00 May Be Added to Fees	Flor	ake check i Ida Departn	ent of St	ate:
10.	Due by N		DIRECTORS	Trust Fund C	ontributi	ion.		Flor	Ida Departm RS AND DIRE	CTORS IN	ate:
10. TITLE NAME	_	Aay 1, 2008 OFFICERS AND D	DIRECTORS		ontributi	on.	Added to Fees	Flor	Ida Departm RS AND DIRE	ent of St	ate
TITLE NAME STREET ADDRESS	TD WHALEN 899 WOO	Asy 1, 2008  OFFICERS AND D  BRUCE  OBBRIDGE DR.	DIRECTORS	Trust Fund C	11. TITLE NAM	E ET ADDRESS	Added to Fees	Flor	Ida Departm RS AND DIRE	CTORS IN	ate:
TITLE NAME	TD WHALEN 899 WOO	Aay 1, 2008  OFFICERS AND D	DIRECTORS	Trust Fund C	11. TITLE NAM	E E ET ADDRESSST-ZIP	Added to Fees	Flor	ida Departm RS AND OIRE	CTORS IN	ate:
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TD WHALEN 899 WOO VENICE, VPD DIGGS, E	ABRUCE DBRIDGE DR. FL 34293  DWARD	DIRECTORS	Trust Fund C	11. TITLE NAM STRE CITY TITLE	E E ET ADDRESS -ST-ZIP E	Added to Fees	Flor	ida Departm RS AND OIRE	CTORS IN	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TD WHALEN 899 WOO VENICE, I VPD DIGGS, E 899 WOO	ABRUCE DBRIDGE DR. FL 34293	DIRECTORS	Trust Fund C	11. TITLE NAM STRE CITY TITLE NAM STRE	E E ET ADDRESSST-ZIP	Added to Fees	Flor	ida Departm RS AND OIRE	CTORS IN	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TD WHALEN 899 WOO VENICE, I VPD DIGGS, E 899 WOO VENICE, I	OFFICERS AND D OFFICERS AND D BRUCE ODBRIDGE DR. FL 34293 EDWARD ODBRIDGE DR. FL 34293	DIRECTORS	Trust Fund C	11. TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE TITLE TITLE TITLE	E E ET ADDRESSST-ZIP E E ADDRESSST-ZIP	Added to Fees	Flor	RS AND DIRE	CTORS IN	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHALEN 899 WOO VENICE, I VPD DIGGS, E 899 WOO VENICE, I PD IRENE, P.	ABY 1, 2008  OFFICERS AND COMMENT OF THE STREET OF T	DIRECTORS	Trust Fund C	11. TITLE NAM. STRE CITY TITLE NAM. STRE CITY TITLE NAM. STRE CITY	E E ET ADDRESSST-ZIP E E ADDRESSST-ZIP	Added to Fees	Flor	RS AND DIRE	CTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	TD WHALEN 899 WOO VENICE, I VPD DIGGS, E 899 WOO VENICE, I PD IRENE, P. 399 WOO	OFFICERS AND D OFFICERS AND D BRUCE ODBRIDGE DR. FL 34293 EDWARD ODBRIDGE DR. FL 34293	DIRECTORS	Trust Fund C	11. TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	E E ET ADDRESSST-ZIP E E E E E E E E E E E E E E E E E E E	Added to Fees	Flor	RS AND DIRE	CTORS IN Change Change	10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TD WHALEN 899 WOO VENICE, I VPD DIGGS, E 899 WOO VENICE, I PD IRENE, P. 399 WOO	OFFICERS AND DESCRIPTION OFFICERS AND DESCRIPTION OFFICERS AND DESCRIPTION OFFI OFFI OFFI OFFI OFFI OFFI OFFI O	DIRECTORS	Trust Fund C	11. TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM TITLE NAM TITLE NAM TITLE NAM TITLE NAM TITLE	E E ET ADDRESSST-ZIP E E ET ADDRESSST-ZIP E ET ADDRESSST-ZIP E ET ADDRESSST-ZIP E ET ADDRESSST-ZIP	Added to Fees	Flor	RS AND DIRE	CTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TD WHALEN 899 WOO VENICE, I VPD DIGGS, E 899 WOO VENICE, I PD IRENE, P. 399 WOO	OFFICERS AND DESCRIPTION OFFICERS AND DESCRIPTION OFFICERS AND DESCRIPTION OFFI OFFI OFFI OFFI OFFI OFFI OFFI O	DIRECTORS	Delete  Delete  Delete	11. TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	E E ET ADDRESS -ST-ZIP E E ET ADDRESS	Added to Fees	Flor	RS AND DIRE	CTORS IN Change Change	10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHALEN 899 WOO VENICE, I VPD DIGGS, E 899 WOO VENICE, I PD IRENE, P. 399 WOO	OFFICERS AND DESCRIPTION OFFICERS AND DESCRIPTION OFFICERS AND DESCRIPTION OFFI OFFI OFFI OFFI OFFI OFFI OFFI O	DIRECTORS	Delete  Delete  Delete	11. TITLE NAM. STRE CITY	E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP	Added to Fees	Flor	RS AND OIRE	CTORS IN Change	Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TD WHALEN 899 WOO VENICE, I VPD DIGGS, E 899 WOO VENICE, I PD IRENE, P. 399 WOO	OFFICERS AND DESCRIPTION OFFICERS AND DESCRIPTION OFFICERS AND DESCRIPTION OFFI OFFI OFFI OFFI OFFI OFFI OFFI O	DIRECTORS	Delete  Delete  Delete	11. TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	E E ET ADDRESSST-ZIP E E E ET ADDRESSST-ZIP E E E E E E E E E E E E E E E E E E E	Added to Fees	Flor	RS AND OIRE	CTORS IN Change Change	10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHALEN 899 WOO VENICE, I VPD DIGGS, E 899 WOO VENICE, I PD IRENE, P. 399 WOO	OFFICERS AND DESCRIPTION OFFICERS AND DESCRIPTION OFFICERS AND DESCRIPTION OFFI OFFI OFFI OFFI OFFI OFFI OFFI O	DIRECTORS	Delete  Delete  Delete	11. TITLE NAM STRE CITY	E E ET ADDRESSST-ZIP E E E ET ADDRESSST-ZIP E E E ET ADDRESSST-ZIP E E E ET ADDRESSST-ZIP E E E E E E E E E E E E E E E E E E E	Added to Fees	Flor	RS AND DIRE	CTORS IN Change	Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHALEN 899 WOO VENICE, I VPD DIGGS, E 899 WOO VENICE, I PD IRENE, P. 399 WOO	OFFICERS AND DESCRIPTION OFFICERS AND DESCRIPTION OFFICERS AND DESCRIPTION OFFI OFFI OFFI OFFI OFFI OFFI OFFI O	DIRECTORS	Delete  Delete  Delete  Delete	TITLE NAME STREE CITY	E E ET ADDRESS -ST-ZIP E E E E ET ADDRESS -ST-ZIP E E E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	Added to Fees	Flor	RS AND OIRE	CTORS IN Change Change Change Change	Addition  Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHALEN 899 WOO VENICE, I VPD DIGGS, E 899 WOO VENICE, I PD IRENE, P. 399 WOO	OFFICERS AND DESCRIPTION OFFICERS AND DESCRIPTION OFFICERS AND DESCRIPTION OFFI OFFI OFFI OFFI OFFI OFFI OFFI O	DIRECTORS	Delete  Delete  Delete	11. TITLE NAM STRE CITY	E E ET ADDRESSST-ZIP E E E ET ADDRESSST-ZIP E E E E E E E E E E E E E E E E E E E	Added to Fees	Flor	RS AND OIRE	CTORS IN Change	Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	TD WHALEN 899 WOO VENICE, I VPD DIGGS, E 899 WOO VENICE, I PD IRENE, P. 399 WOO	OFFICERS AND DESCRIPTION OFFICERS AND DESCRIPTION OFFICERS AND DESCRIPTION OFFI OFFI OFFI OFFI OFFI OFFI OFFI O	DIRECTORS	Delete  Delete  Delete  Delete	11. TITLE NAM STRE CITY TITLE NAM STRE	E E ET ADDRESSST-ZIP E E E ET ADDRESSST-ZIP E E E E E E E E E E E E E E E E E E E	Added to Fees	Flor	RS AND OIRE	CTORS IN Change Change Change Change	Addition  Addition  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE Whaten 315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/08

941-493-028