

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008380

FILED
Mar 12, 2009
Secretary of State

Entity Name: THE WOODLANDS PATIO HOMES I AT RIVENDELL ASSOCIATION, INC.

Current Principal Place of Business:

899 WOODBRIDGE DR
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

899 WOODBRIDGE DR
VENICE, FL 34293

New Mailing Address:

FEI Number: 65-1084350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADVANCED MANANGEMENT OF SW FLA
899 WOODBRIDGE DR
VENICE, FL 34293 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: TD () Delete
Name: WHALEN, BRUCE
Address: 899 WOODBRIDGE DR.
City-St-Zip: VENICE, FL 34293

Title: VPD () Delete
Name: DIGGS, EDWARD
Address: 899 WOODBRIDGE DR.
City-St-Zip: VENICE, FL 34293

Title: PD () Delete
Name: IRENE, PAUL
Address: 399 WOODBRIDGE DR
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TSD (X) Change () Addition
Name: WHALEN, BRUCE
Address: 899 WOODBRIDGE DR.
City-St-Zip: VENICE, FL 34293

Title: PD (X) Change () Addition
Name: DIGGS, EDWARD
Address: 899 WOODBRIDGE DR.
City-St-Zip: VENICE, FL 34293

Title: VPD (X) Change () Addition
Name: WHEELER, RICHARD
Address: 399 WOODBRIDGE DR
City-St-Zip: VENICE, FL 34293

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: BRUCE WHALEN

TSD

03/12/2009

Electronic Signature of Signing Officer or Director

Date