2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004404

FILED Feb 09, 2010 Secretary of State

Entity Name: WOODLAWN HEIGHTS OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3749 D GULF BREEZE PKWY #334

GULFBREEZE, FL 32563

Current Mailing Address: New Mailing Address:

3749 D GULF BREEZE PKWY #334 GULFBREEZE, FL 32563

FEI Number: 59-3736602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MILLS, TERRY 5360 GALBERRY LANE GULF BREEZE, FL 32563 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:

Title: DP

Name: MILLS, TERRY

Address: 3749 D GULF BREEZE PKWY #334

City-St-Zip: GULFBREEZE, FL 32563

Title: D

Name: LIBERTORE, DAVID

Address: 3749D GULF BREEZE PKWY #334

City-St-Zip: GULF BREEZE, FL 32563

Title:

Name: NIEBERLEIN, ED

Address: 3749 D GULF BREEZE PKWY #334

City-St-Zip: GULFBREEZE, FL 32563

Title: DT

Name: RAKOCZY, DAVID

Address: 3749D GULF BREEZE PKWY #334

City-St-Zip: GULF BREEZE, FL 32563

Title:

Name: LUNGER, TAMMY

Address: 3749 D GULF BREEZE PKWY #334

City-St-Zip: GULFBREEZE, FL 32563

Title: DS

Name: HASKINS, ALBERT

Address: 3749 D GULF BREEZE PKWY #334

City-St-Zip: GULFBREEZE, FL 32563

I hereby 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 all other like empowered.

SIGNATURE: TERRY MILLS DP 02/09/2010