

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005103

FILED
Apr 13, 2009
Secretary of State

Entity Name: WOODTRACE OF HERNANDO HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

33319 WOODTRACE DRIVE
RIDGE MANOR, FL 33523

New Principal Place of Business:

Current Mailing Address:

33319 WOODTRACE DRIVE
RIDGE MANOR, FL 33523

New Mailing Address:

FEI Number: 59-3731987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAROBA, DEBORAH
33319 WOODTRACE DRIVE
RIDGE MANOR, FL 33523 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: PD () Delete
Name: SPIVEY, LYNN
Address: 33341 WOODTRACE DRIVE
City-St-Zip: RIDGE MANOR, FL 33523

Title: TSD () Delete
Name: STAROBA, DEBORAH
Address: 33319 WOODTRACE DRIVE
City-St-Zip: RIDGE MANOR, FL 33523

Title: D () Delete
Name: AMOS, EMMA L
Address: 33305 WOODTRACE DRIVE
City-St-Zip: RIDGE MANOR, FL 33523

Title: D () Delete
Name: FLANAGAN, CLAY
Address: 33396 WOODTRACE DRIVE
City-St-Zip: RIDGE MANOR, FL 33523

Title: D () Delete
Name: FUNDERBURK, JOAN
Address: 4456 SECRETARIAT RUN
City-St-Zip: BROOKSVILLE, FL 34609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FUNDERBURK, JOAN
Address: 363 PINELLES BAYWAY S APT 30
City-St-Zip: TIERRA VERDE, FL 33715

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: DEBORAH STAROBA

TSD

04/13/2009

Electronic Signature of Signing Officer or Director

Date