

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01386

FILED  
Feb 02, 2009  
Secretary of State

**Entity Name:** THE WOODLANDS HOME OWNERS ASSOCIATION OF SOUTH MELBOURNE BEACH, INC.

**Current Principal Place of Business:**

P.O. BOX 510165  
MELBOURNE BEACH, FL 32951

**New Principal Place of Business:**

263 CAMINO PLACE  
MELBOURNE BEACH, FL 32951

**Current Mailing Address:**

P.O. BOX 510165  
MELBOURNE BEACH, FL 32951

**New Mailing Address:**

**FEI Number:** 59-2910218      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MCKAY, ROGER  
269 CAMINO PLACE  
MELBOURNE BCH., FL 32951      US

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

PAWLOWSKI, CHRISTINE  
269 CAMINO PLACE  
MELBOURNE BCH., FL 32951      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: CHRISTINE PAWLOWSKI

02/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: V      ( ) Delete  
Name: GIVEN, DEAN  
Address: 234 LESLIE COURT  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: T      ( ) Delete  
Name: PAULOWSKI, CHRISTINE  
Address: 263 CAMINO PL  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: PS      ( ) Delete  
Name: MCKAY, ROGER  
Address: 269 CAMINO PL  
City-St-Zip: MELBOURNE BEACH, FL 32951

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES      (X) Change ( ) Addition  
Name: HOSKIE, GARY  
Address: 322 WOODY CIRCLE  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: T      (X) Change ( ) Addition  
Name: PAWLOWSKI, CHRISTINE  
Address: 263 CAMINO PL  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: S      (X) Change ( ) Addition  
Name: HOSKIE, JOAN  
Address: 322 WOODY CIRCLE  
City-St-Zip: MELBOURNE BEACH, FL 32951

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: CHRISTINE PAWLOWSKI

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02/02/2009

Electronic Signature of Signing Officer or Director

Date