## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01453

FILED Apr 22, 2009 Secretary of State

Entity Name: THE WOODS AT ANDERSON PARK RECREATION ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 39650 US HWY 19 N #500 TARPON SPRINGS, FL 34689 US **New Mailing Address: Current Mailing Address:** 39650 US HWY 19 N #500 TARPON SPRINGS, FL 34689 US FEI Number: 59-2883635 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, PATRICIA 39650 US 19 N **UNIT 324** TARPON SPRINGS, FL 34689 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition HENLEY, RONALD PEASE, RICHARD Name: Name: 39650 US 19 NORTH # 123 Address: 39650 US 19 NORTH # 514 Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: TARPON SPRINGS, FL 34689 Title: TD () Delete Title: () Change () Addition MEHL, DOROTHEA Name: Name: Address: 39650 US 19 NORTH # 1013 Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: Title: () Delete Title: SD (X) Change ( ) Addition FRANCZAK, MARY JO NUGENT, JANICE Name: Name: 3950 US 19 NORTH # 0442 3950 US 19 NORTH # 643 Address: Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: TARPON SPRINGS, FL 34689 Title: () Delete Title: (X) Change ( ) Addition Name: PEASE, RICHARD Name: DIEGO, SANCHEZ 39650 US 19N #724 Address: 39650 US 19N #514 Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: TARPON SPRINGS, FL 34689 Title: VPD () Delete Title: (X) Change ( ) Addition NUGENT, JANICE KITTS, JACKIE Name: Name: 39650 US 19 N #643 39650 US 19 N #652 Address: Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: TARPON SPRINGS, FL 34689

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: DOROTHEA MEHL TD 04/22/2009