

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005177

FILED
Apr 19, 2009
Secretary of State

Entity Name: WOODCREST COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1061 WESTCHESTER DR. E
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

1061 WESTCHESTER DR. E
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 32-0021655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAINOR, SCOTT D
1410 WESTCHESTER DRIVE NORTH
WEST PALM BEACH, FL 33417 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: V/D () Delete
Name: NICHOLS, MIKE
Address: 1401 WOODCREST RD. W
City-St-Zip: WEST PALM BEACH, FL 33417

Title: P/D () Delete
Name: BISHOP, BARBARA
Address: 1061 WESTCHESTER DRIVE EAST
City-St-Zip: WEST PALM BEACH, FL 33417

Title: T/D () Delete
Name: KAYLOR, TAMMY
Address: 1206 WOODCREST RD. W
City-St-Zip: WEST PALM BEACH, FL 33417

Title: S/D () Delete
Name: THOMASSON, GERALDINE C
Address: 1250 WESTCHESTER DR. E
City-St-Zip: WEST PALM BEACH, FL 33417

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:

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: BARBARA BISHOP

P

04/19/2009

Electronic Signature of Signing Officer or Director

Date