

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006798

FILED
Feb 03, 2009
Secretary of State

Entity Name: WOODLAND LAKES II HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1801 COOK AVE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

1801 COOK AVE
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 42-1575986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASHER, STEVEN D
1801 COOK AVE.
ORLANDO, FL 32806 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: JUNTUNEN, SHANE
Address: 10645 CYPRESS TRAIL DR.
City-St-Zip: ORLANDO, FL 32825

Title: VD () Delete
Name: QUINN, PATRICIA
Address: 427 FERN LAKE DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: TD () Delete
Name: BURNS, ROBERT
Address: 318 BAISAM WOOD CT.
City-St-Zip: ORLANDO, FL 32825

Title: SD () Delete
Name: HERRMANN, WILLIAM
Address: 225 CAPE SABLE DRIVE
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: QUINN, PATRICIA
Address: 427 FWRN LAKE DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: MAL (X) Change () Addition
Name: LUNN, JANICE
Address: 10530 CYPRESS TRAIL DRIVE
City-St-Zip: ORLANDO, FL 32825

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: TASHA TORRES

LCAM

02/03/2009

Electronic Signature of Signing Officer or Director

Date