## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000008361

FILED Mar 02, 2009 Secretary of State

Entity Name: THE VILLAGES WOODWORKERS CLUB INC.

Current Principal Place of Business:				New Principal Place of Business:			
704 OAK S <sup>-</sup> LADY LAKE							
Current Mailing Address:				New Mailing Address:			
C/O TREASURER 704 OAK ST LADY LAKE, FL 32159				704 OAK ST LADY LAKE, FL 32159			
FEI Number:	14-1851595	FEI Number Applied For ( )	FEI Number Not Ap	plicable ( )	Certificate of Statu	ıs Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
HOFFMAN, RICHARD 1317 SANTA MARIA AVE. LADY LAKE, FL 32159 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.							
SIGNATUR		Signature of Registered Agen	<b>†</b>		Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () E SHARK, CHARLE 9259 SE 179TH V THE VILLAGES,	WESLEY ST	Title: Name: Address: City-St-Zip:		) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	CD () E MURRY, BISHOF 1245 CAMEO DR THE VILLAGES,	1	Title: Name: Address: City-St-Zip:		) Change ()Addition		
Title: Name: Address: City-St-Zip:	T () E SADLER, WILLIA 17873 SE 86TH A LADY LAKE, FL	AUBURN AVE	Title: Name: Address: City-St-Zip:	DEEMER, JAN 1541 LORIS L	.OOP		
Title: Name: Address: City-St-Zip:	D () E HEREGA, JOHN 1894 BLYTH WO THE VILLAGES, I		Title: Name: Address: City-St-Zip:		) Change ()Addition		
Title: Name: Address: City-St-Zip:	D () E THOMPSON, RO 1796 SOARBORG THE VILLAGES,	ОСТ	Title: Name: Address: City-St-Zip:	THOMPSON, F 1796 SCARBO	DRO CT		
Title: Name: Address: City-St-Zip:	S () [ SAWYER, HEATH 816 WALKER LO THE VILLAGES,	OOP	Title: Name: Address: City-St-Zip:		) Change ( ) Addition		

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: JAMES B DEEMER T 03/02/2009