

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02121

FILED
Feb 07, 2011
Secretary of State

Entity Name: WOODSIDE AT SPRUCE CREEK, INC.

Current Principal Place of Business:

5466 CRANE FEATHER DRIVE
PORT ORANGE, FL 32128 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 291205
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 59-2377660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SELWITZ, BARBARA J
5466 CRANE FEATHER DRIVE
PORT ORANGE, FL 32128 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
Name: HOLMES, GEORGE C
Address: 1927 SPRUCEWOOD WAY
City-St-Zip: PORT ORANGE, FL 32128 US

Title: STD
Name: VAN EYZEREN, JOSEPH
Address: 1918 WHISPERWOOD WAY
City-St-Zip: PORT ORANGE, FL 32128 US

Title: D
Name: MONROE, ROBERT
Address: 1901 SPRUCEWOOD WAY
City-St-Zip: PORT ORANGE, FL 32128 US

Title: D
Name: DAVIDSON, WILLIAM F
Address: 1902 WHISPERWOOD WAY
City-St-Zip: PORT ORANGE, FL 32128 US

Title: VPD
Name: FARIA, ARTHUR R
Address: 1915 SPRUCEWOOD WAY
City-St-Zip: PORT ORANGE, FL 32128 US

Title: AST
Name: SELWITZ, BARBARA J
Address: 5466 CRANE FEATHER DRIVE
City-St-Zip: PORT ORANGE, FL 32128 US

I hereby 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 all other like empowered.

SIGNATURE: BARBARA J. SELWITZ

AST

02/07/2011

Electronic Signature of Signing Officer or Director

Date