2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007686

City-St-Zip: NEW PORT RICHEY, FL 34652

FILED Mar 13, 2009 Secretary of State

Entity Name: WOODLAND VILLAGE AT SHADOW RUN ASSOCIATION, INC

Entity Nai	me: VVOODLA	IND VILLAGE AT SHADOW F	RUN ASSOCIATION, INC	•	
Current Principal Place of Business:			New Principa	New Principal Place of Business:	
5901 US 1 SUITE 7Q NEW POR	9 N RT RICHEY, FL	34652			
Current Mailing Address:			New Mailing	New Mailing Address:	
5901 US 1 SUITE 7Q NEW POR	9 N RT RICHEY, FL	34652			
FEI Number:	: 20-1547455	FEI Number Applied For ()	FEI Number Not Applicab	le () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Ad	dress of New Registered Agent:	
5901 US 1 SUITE 7Q NEW POR The above	9 N RT RICHEY, FL named entity se of Florida.		ourpose of changing its re	egistered office or registered agent, or both,	
	Electron	ic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BOYCE, MICHA 5901 US 19 N,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	REYNOLDS, B 5901 US 19 N,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (X) WHITE, MARY 5901 US 19 N,	Delete STE 7Q	Title: Name: Address:	() 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.

City-St-Zip:

SIGNATURE: MARY A. WHITE AGEN 03/13/2009