

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 18, 2010
Secretary of State

DOCUMENT# N04000007686

Entity Name: WOODLAND VILLAGE AT SHADOW RUN ASSOCIATION, INC.**Current Principal Place of Business:**5901 US 19 N
SUITE 7Q
NEW PORT RICHEY, FL 34652**New Principal Place of Business:**12430 CAVALIER COURT
HUDSON, FL 34669**Current Mailing Address:**5901 US 19 N
SUITE 7Q
NEW PORT RICHEY, FL 34652**New Mailing Address:**PO BOX 6867
HUDSON, FL 34674**FEI Number:** 20-1547455**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**QUALITIED PROPERTY MANAGEMENT, INC.
5901 US 19 N
SUITE 7Q
NEW PORT RICHEY, FL 34652 US**Name and Address of New Registered Agent:**KELLY, JUNE
12430 CAVALIER COURT
HUDSON, FL 34669 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.

SIGNATURE: JUNE KELLY

05/18/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: KELLY, JUNE
Address: PO BOX 6867
City-St-Zip: HUDSON, FL 34674

Title: VSD
Name: WELLS, AMY
Address: PO BOX 6867
City-St-Zip: HUDSON, FL 34674

Title: TD
Name: BIANCO, JOAN
Address: PO BOX 6867
City-St-Zip: HUDSON, FL 34674

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: JUNE KELLY

PD

05/18/2010

Electronic Signature of Signing Officer or Director

Date