

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 30, 2009**  
**Secretary of State**

DOCUMENT# N04000009323

**Entity Name:** WOODLAND LAKES PRESERVE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044**New Principal Place of Business:**2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044**Current Mailing Address:**2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044**New Mailing Address:**2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044**FEI Number:** 20-3402535**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044 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:** ROSEN, ROBERT T  
**Address:** 400 INTERNATIONAL PKWY STE 400  
**City-St-Zip:** LAKE MARY, FL 32746**Title:** VPD ( ) Delete  
**Name:** MCNAUGHT, MARY JANE  
**Address:** 400 INTERNATIONAL PKWY STE 400  
**City-St-Zip:** LAKE MARY, FL 32746**Title:** SD ( ) Delete  
**Name:** SELLERS, JEFFREY R  
**Address:** 400 INTERNATIONAL PKWY STE 400  
**City-St-Zip:** LAKE MARY, FL 32746**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** TSD (X) Change ( ) Addition  
**Name:** DAVIS, DOUG  
**Address:** 400 INTERNATIONAL PKWY STE 400  
**City-St-Zip:** LAKE MARY, FL 32746

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: ROBERT T ROSEN

PD

09/30/2009

Electronic Signature of Signing Officer or Director

Date