

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007926

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: THE WOODLANDS MASTER ASSOCIATION, INC.

## Current Principal Place of Business:

OMNI MANAGEMENT SERVICES  
27499 RIVERVIEW CENTER BOULEVARD, STE 238  
BONITA SPRINGS, FL 34134

## New Principal Place of Business:

## Current Mailing Address:

OMNI MANAGEMENT SERVICES  
27499 RIVERVIEW CENTER BOULEVARD, STE 238  
BONITA SPRINGS, FL 34134

## New Mailing Address:

FEI Number: 41-2182140

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

OMNI MANAGEMENT SERVICES  
OMNI MANAGEMENT SERVICES OF FLA.  
27499 RIVERVIEW CENTER BLVD., 238  
BONITA SPRINGS, FL 34134 US

## Name and Address of New Registered Agent:

LISTON, DAVID  
OMNI MANAGEMENT SERVICES OF FLA.  
27499 RIVERVIEW CENTER BLVD., 238  
BONITA SPRINGS, FL 34134 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: DAVID L. LISTON

04/17/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SCHREIBER, ELLEN  
Address: 301 N. CATTLEMEN RD., #108  
City-St-Zip: SARASOTA, FL 34323

Title: VD ( ) Delete  
Name: REGAN, DEREK  
Address: 301 N. CATTLEMEN RD., #108  
City-St-Zip: SARASOTA, FL 34323

Title: STD ( ) Delete  
Name: KRAMER, MIKE  
Address: 301 N. CATTLEMEN RD., #108  
City-St-Zip: SARASOTA, FL 34323

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WOOLERY, MICHAEL  
Address: 3020 SO. FALKENBURG ROAD  
City-St-Zip: RIVERVIEW, FL 33578

Title: VD (X) Change ( ) Addition  
Name: ASHBY, STEVE  
Address: 3020 SO. FALKENBURG ROAD  
City-St-Zip: RIVERVIEW, FL 33578

Title: STD (X) Change ( ) Addition  
Name: KRAMER, MIKE  
Address: 3020 SO. FALKENBURG ROAD  
City-St-Zip: RIVERVIEW, FL 33578

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: MICHAEL WOOLERY

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date