

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009071

FILED  
Feb 13, 2009  
Secretary of State

**Entity Name:** LAKE WOODWARD ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3002 LAKE WOODWARD DRIVE  
EUSTIS, FL 32726

**New Principal Place of Business:**

**Current Mailing Address:**

2991 LAKE WOODWARD DRIVE  
EUSTIS, FL 32726

**New Mailing Address:**

2991 LAKE WOODWARD DRIVE  
EUSTIS, FL 32726 US

**FEI Number:** 20-4456972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CODDING, FLORENCE  
2991 LAKE WOODWARD DRIVE  
EUSTIS, FL 32726 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: YAGER, GREGORY  
Address: 3002 LAKE WOODWARD DRIVE  
City-St-Zip: EUSTIS, FL 32726

Title: D ( ) Delete  
Name: BABCOCK, SCOTT  
Address: 3021 LAKE WOODWARD DRIVE  
City-St-Zip: EUSTIS, FL 32726

Title: VPD ( ) Delete  
Name: PLATT, KENNETH  
Address: 3028 LAKE WOODWARD DRIVE  
City-St-Zip: EUSTIS, FL 32726

Title: SD ( ) Delete  
Name: CONNELL, ARNELL  
Address: 2990 LAKE WOODWARD DRIVE  
City-St-Zip: EUSTIS, FL 32726

Title: TD ( ) Delete  
Name: CODDING, FLORENCE  
Address: 2991 LAKE WOODWARD DRIVE  
City-St-Zip: EUSTIS, FL 32726

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FLORENCE E. CODDING

TD

02/13/2009

Electronic Signature of Signing Officer or Director

Date