

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010239

FILED  
Mar 16, 2009  
Secretary of State

**Entity Name:** WORTHINGTON PARK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

414 OLD HARD ROAD STE 201  
ORANGE PARK, FL 32003

**New Principal Place of Business:**

414 OLD HARD ROAD STE 201  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

414 OLD HARD ROAD STE 201  
ORANGE PARK, FL 32003

**New Mailing Address:**

414 OLD HARD ROAD STE 201  
FLEMING ISLAND, FL 32003

**FEI Number:** 20-3577600

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOOD, SUSAN D  
414 OLD HARD ROAD STE 201  
ORANGE PARK, FL 32003 US

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

WOOD, SUSAN D  
414 OLD HARD ROAD STE 201  
FLEMING ISLAND, FL 32003 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:

03/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: WOOD, SUSAN D PRES  
Address: 414 OLD HARD ROAD STE 201  
City-St-Zip: ORANGE PARK, FL 32003 US

Title: DT ( ) Delete  
Name: MCNEAL, DOLORES C T  
Address: 414 OLD HARD ROAD STE 201  
City-St-Zip: ORANGE PARK, FL 32003 US

Title: DS ( ) Delete  
Name: SPENCER, SANDRA S SEC  
Address: 414 OLD HARD ROAD, SUITE 201  
City-St-Zip: ORANGE PARK, FL 32003 US

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

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

Title: DT (X) Change ( ) Addition  
Name: SMITH, SHIRLEY T  
Address: 414 OLD HARD ROAD STE 201  
City-St-Zip: FLEMING ISLAND, FL 32003 US

Title: DS (X) Change ( ) Addition  
Name: SPENCER, SANDRA S SEC  
Address: 414 OLD HARD ROAD, SUITE 201  
City-St-Zip: FLEMING ISLAND, FL 32003 US

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: SUSAN D WOOD

RA

03/16/2009

Electronic Signature of Signing Officer or Director

Date