## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jul 12, 2009 DOCUMENT# N05550 Secretary of State

Entity Name: WOODLANDS EAST HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

C/O DAVID D VESSEY C/O MABEL MACHIN, CPA 944 CITRUS WOOD CT 971 CITRUS WOOD CT

LONGWOOD, FL 327502700 US LONGWOOD, FL 327502700 US

**Current Mailing Address:** New Mailing Address:

C/O DAVID D VESSEY C/O MABEL MACHIN, CPA 944 CITRUS WOOD COURT 971 CITRUS WOOD COURT LONGWOOD, FL 327502700 US LONGWOOD, FL 327502700 US

FEI Number: 59-2618444 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

VESSEY, DAVID D ARENDALE, JUSTIN 971 CITRUS WOOD CT 975 CITRUŚ WOOD CT LONGWOOD, FL 327502700 US LONGWOOD, FL 327502700 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: JUSTIN ARENDALE 07/12/2009

> Electronic Signature of Registered Agent Date

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

() Delete () Change () Addition

ARENDALE, JUSTIN Name: Name:

975 CITRUS WOOD COURT Address: Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

WILLIAMS, VICTORIA Name: Name: Address: 1290 EASTLAND POINT Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip:

Title: () Delete Title: () Change () Addition

SHAW, MARY JO Name: Name: 1289 EASTLAND POINT Address: Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip:

Title: TD () Delete Title: TD (X) Change ( ) Addition Name: VESSEY, DAVID Name: MACHIN, MABEL CPA

971 CITRUS WOOD COURT 944 CITRUS WOOD COURT Address: Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: LONGWOOD, FL 32750

Title: Title: () Delete () Change () Addition

BOLLINGER, LINDA Name: Name: 959 CITRUS WOOD COURT Address: Address: City-St-Zip: LONGWOOD, FL 32750 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: JUSTIN ARENDALE PD 07/12/2009