## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05599

FILED Jul 04, 2009 Secretary of State

Entity Name: WOODLAND OAKS HOMEOWNER'S ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 3538 PARKWOOD AVE PENSACOLA, FL 32504 **Current Mailing Address: New Mailing Address:** 3538 PARKWOOD AVE PENSACOLA, FL 32504 FEI Number: 59-2473692 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OSER, SUSAN HUDSON, JENNIFER 3524 PARKWOOD AVE 3538 PARKWOOD AVE PENSACOLA, FL 32504 US PENSACOLA, FL 32504 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: JENNIFER HUDSON 07/04/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition FRENCH, NANCY OSER, SUSAN Name: Name: Address: 3524 PARKWOOD AVE Address: 3526 PARKWOOD AVE City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: PENSACOLA, FL 32504 Title: () Delete Title: () Change () Addition HUDSON, JENNIFER Name: Name: Address: 3502 PARKWOOD LN Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: MAL () Delete Title: () Change () Addition BOURN, MARSHA Name: Name: 3505 PARKWOOD AVE Address: Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: ( ) Delete Title: () Change () Addition GILLEPEY, SHELLEA Name: Name: 3520 PARKWOOD AVE Address: Address: City-St-Zip: PENSACOLA, FL 32504 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: JENNIFER HUDSON T 07/04/2009