2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N06000008544

Entity Name: WOODLAND LAKES, BUILDING UNIT 1 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10801 DYLAN LOREN CIRCLE
ORLANDO, FL 32825

New Principal Place of Business:

10801 DYLAN LOREN CIRCLE
B
ORLANDO, FL 32825

Current Mailing Address:

1992 S. CHICKASAW TR.
ORLANDO, FL 32825

New Mailing Address:

10801 DYLAN LOREN CIRCLE
B
ORLANDO, FL 32825

FEI Number: 02-0784109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHAN, CUONG T
1992 S. CHICKASAW TR.
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

HALFACRE, SEAN T
10801 DYLAN LOREN CIR
B
ORLANDO, FL 32825 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: SEAN HALFACRE 03/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PHAN, CUONG T
Address: 1992 S. CHICKASAW TR.
City-St-Zip: ORLANDO, FL 32825

Title: STD ( ) Delete
Name: PHAN, WENDY
Address: 1992 S. CHICKASAW TR.
City-St-Zip: ORLANDO, FL 32825

Title: VD (X) Delete
Name: HALFACRE, SEAN
Address: 591 S. CHICKASAW TRAIL
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change ( ) Addition
Name: HALFACRE, SEAN T
Address: 10801 DYLAN LOREN CIR
City-St-Zip: ORLANDO, FL 32825 OR

Title: STD (X) Change ( ) Addition
Name: CHARLES, MICHELLE
Address: 544 N SEMERON BLVD
City-St-Zip: ORLANDO, FL 32807 OR

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: SEAN HALFACRE OFFI 03/23/2009
Electronic Signature of Signing Officer or Director Date