

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010689

FILED
Apr 20, 2009
Secretary of State

Entity Name: WOODMONT COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

3239 MEADOWLEA CIRCLE N
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

3239 MEADOWLEA CIRCLE N
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 75-3236902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUMPTER, ESTHER
3239 MEADOWLEA CIRCLE N
JACKSONVILLE, FL 32218 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: P () Delete
Name: SUMPTER, ESTHER
Address: 3239 MEADOWLEA CIRCLE N
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP () Delete
Name: LIGHTFOOT, LINDA
Address: 10660 NORTHWYCK DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: WARD, CELESTE
Address: 10728 MEADOWLEA CIRCLE W
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: CARVER, INEZ M
Address: 10710 MEADOWLEA DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: JENKINS, TAMMI
Address: 10709 MEADOWLEA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: WILSON, APRIL
Address: 10624 MEADOWLEA DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

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:

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: ESTHER SUMPTER

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date