2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06152

FILED Sep 05, 2007 Secretary of State

Entity Name: WOODBEND HOMEOWNERS' ASSOCIATION, INC.

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

2336 WOODBEND CIRCLE 2327 WOODBEND CIRCLE

NEW PORT RICHEY, FL 34655 US NEW PORT RICHEY, FL 34655 US

Current Mailing Address: New Mailing Address:

2336 WOODBEND CIRCLE
C/O WILLIAM H DEMPSEY
C/O ROBERT MASTERS

NEW PORT RICHEY, FL 34655 US NEW PORT RICHEY, FL 34655 US

FEI Number: 59-2360928 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:

DEMPSEY, WILLIAM H.

MASTERS, ROBERT G
2336 WOODBEND CIR

2327 WOODBEND CIR

NEW PORT RICHEY, FL 34655 US NEW PORT RICHEY, FL 34655 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: ROBERT MASTERS 09/05/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: STINE, GARRY D Name: MASTERS, ROBERT G

 Name:
 STINE, GARRY D
 Name:
 MASTERS, ROBERT G

 Address:
 2353 WOODBEND CIRCLE
 Address:
 2327 WOODBEND CIRCLE

 City-St-Zip:
 NEW PORT RICHEY, FL 34655
 City-St-Zip:
 NEW PORT RICHEY, FL 34655

Title: VP () Delete Title: VP (X) Change () Addition

Name: HALL, JAMES Name: BAIRD, DOUGLAS
Address: 6815 WINDWILLOW DR Address: 2318 WOODBEND CIRCLE

Address: 6615 WINDWILLOW DR Address: 2318 WOODBEND CIRCLE
City-St-Zip: NEW PORT RICHEY, FL 34655
City-St-Zip: NEW PORT RICHEY, FL 34655

Name:DEMPSEY, THELMA W.,Name:BUIS, ALISONAddress:2336 WOODBEND CIRAddress:6804 WINDWILLOW DRIVE

Address: 2336 WOODBEND CIR Address: 6804 WINDWILLOW DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 WALTER, JIM
 Name:
 VERMILLION, RUSS

 Address:
 2335 WOODBEND CIRCLE
 Address:
 2323 WOODBEND CIRCLE

 City-St-Zip:
 NEW PORT RICHEY, FL 34655
 City-St-Zip:
 NEW PORT RICHEY, FL 34655

Title: D (X) Delete Title: () Change () Addition

 Name:
 CHAPMAN, KAY
 Name:

 Address:
 2338 WOODBEND CIR
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 CARTER, WILLIAM E,
 Name:

 Address:
 2349 WOODBEND CIR
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL
 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: ROBERT MASTERS P 09/05/2007