2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2008
Secretary of State

DOCUMENT# N07000004186

Entity Name: WOODRICH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1435 E PIEDMONT DR
TALLAHASSEE, FL 32308

New Principal Place of Business:

1239-1 CROSS CREEK CIRCLE
TALLAHASSEE, FL 32301

Current Mailing Address:

1435 E PIEDMONT DR
TALLAHASSEE, FL 32308

New Mailing Address:

1239-1 CROSS CREEK CIRCLE
TALLAHASSEE, FL 32301

FEI Number: 06-1815603 **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:

GIBBS, MARSHALL
1435 E PIEDMONT DR
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

DAVIS, KEVIN
1239-1 CROSS CREEK CIRCLE
TALLAHASSEE, FL 32301 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: KEVIN DAVIS 08/13/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GIBBS, MARSHALL
Address: 1435 E PIEDMONT DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: S ( ) Delete
Name: ROBINSON, VICKI
Address: 1435 E PIEDMONT DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD ( ) Delete
Name: GIBBS, DEAVIN
Address: 1435 E PIEDMONT DR
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DAVIS, KEVIN
Address: 1239-1 CROSS CREEK CIRCLE
City-St-Zip: TALLAHASSEE, FL 32301

Title: S (X) Change ( ) Addition
Name: DAVIS, MELISSA
Address: 1239-1 CROSS CREEK CIRCLE
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD (X) Change ( ) Addition
Name: DAVIS, MELISSA
Address: 1239-1 CROSS CREEK CIRCLE
City-St-Zip: TALLAHASSEE, FL 32301

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: KEVIN DAVIS PD 08/13/2008
Electronic Signature of Signing Officer or Director Date