

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005607

FILED
Apr 17, 2009
Secretary of State

Entity Name: WOODLAKE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

509 ANASTASIA BOULEVARD
ST AUGUSTINE, FL 32080

New Principal Place of Business:

5455 A1A SOUTH
ST AUGUSTINE, FL 32080

Current Mailing Address:

5455 A1A S
ST AUGUSTINE, FL 32080

New Mailing Address:

5455 A1A SOUTH
ST AUGUSTINE, FL 32080

FEI Number: 65-1315984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY MANAGEMENT
5455 A1A SOUTH
ST AUGUSTINE, FL 32080 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: D () Delete
Name: HAHNEMANN, ROBERT H
Address: 509 ANASTASIA BOULEVARD
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D () Delete
Name: MCLEOD, WILLIAM
Address: 509 ANASTASIA BOULEVARD
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D () Delete
Name: MARSH, RICHARD T
Address: 509 ANASTASIA BOULEVARD
City-St-Zip: ST AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAHNEMANN, ROBERT H
Address: 5455 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D (X) Change () Addition
Name: MCLEOD, WILLIAM
Address: 5455 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D (X) Change () Addition
Name: MARSH, RICHARD T
Address: 5455 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

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 H. HANEMANN

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date