2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07124

FILED Feb 13, 2009 Secretary of State

Entity Name: THE WOODLANDS TOWNHOMES OWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 619 WOODSMAN DR PENSACOLA, FL 32506 **Current Mailing Address: New Mailing Address:** P.O. BOX 3222 PENSACOLA, FL 32516 FEI Number: 59-2687639 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DENTON, DORIS 619 WOODSMAN DR PENSACOLA, FL 32507 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DENTON, DORIS Name: Name: Address: 619 WOODSMAN DR Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: COSBY, EAGAN Name: NOWARK, BARBARA Address: 616 WOODSMAN DR Address: 5515 WOODSMAN CT City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: PENSACOLA, FL 32506 Title: () Delete Title: () Change () Addition EAGAN, JAMES Name: Name: 616 WOODSMAN DR Address: Address: City-St-Zip: PENSACOLA, FL 32506 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: DORIS DENTON PRES 02/13/2009