

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 22, 2009
Secretary of State

DOCUMENT# N07346

Entity Name: WOOD CREEK VILLAGE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**C/O UNION PROP ASSOC MGMT SVCS, INC
4421 NW 39 AVE BLDG 1 STE 1
GAINESVILLE, FL 32606 US**New Principal Place of Business:**C/O WATSON REALTY CORP.
4516-1 NW 23RD AVE.
GAINESVILLE, FL 32606 US**Current Mailing Address:**PO BOX 357070
GAINESVILLE, FL 32635 US**New Mailing Address:**C/O WATSON REALTY CORP.
4516-1 NW 23RD AVE.
GAINESVILLE, FL 32606 US**FEI Number:** 59-2862271**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**UNION PROP ASSOC MGMT SVCS, INC
4421 NW 39 AVE
BLDG 2 STE 1
GAINESVILLE, FL 32606 US**Name and Address of New Registered Agent:**POLLARD, FRANCES C
C/O WATSON REALTY CORP.
4516-1 NW 23RD AVE.
GAINESVILLE, FL 32606 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: FRANCES C. POLLARD

07/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TRAPANI, MELODY S
Address: 3972 NW 23RD CIR
City-St-Zip: GAINESVILLE, FL 32605

Title: DV () Delete
Name: REID, LORRAINE
Address: 3968 NW 23RD CIR
City-St-Zip: GAINESVILLE, FL 32605

Title: DT () Delete
Name: HANDLEY, KENNETH
Address: 3944 NW 23RD CIR
City-St-Zip: GAINESVILLE, FL 32605

Title: DS () Delete
Name: PARKINSON, NANCY
Address: 3952 NW 23 CIR
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: RUSH, AGNES
Address: 3948 NW 23 CIR
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: HART, EDWARD
Address: 3959 NW 23 CIR
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: TRAPANI, MELODY A
Address: 3972 NW 23RD CIR
City-St-Zip: GAINESVILLE, FL 32605

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: MELODY A. TRAPANI

DP

07/22/2009

Electronic Signature of Signing Officer or Director

Date