

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08545

FILED  
Jan 31, 2009  
Secretary of State

Entity Name: WODETTE VIEW CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2616 WODETTE DR #2  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

2616 WODETTE DR #2  
DUNEDIN, FL 34698

**New Mailing Address:**

FEI Number: 59-2910783

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SELVAGGIO, SANDRA  
2616 WODETTE #2  
DUNEDIN, FL 34698 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: PD ( ) Delete  
Name: SELVAGGIO, SANDRA  
Address: 2616 WODETTE DR #2  
City-St-Zip: DUNEDIN, FL 34698

Title: STD ( ) Delete  
Name: BOWMAN, SHERI  
Address: 2616 WODETTE DR  
City-St-Zip: DUNEDIN, FL 34698

Title: D ( ) Delete  
Name: CARONE, ADORIA  
Address: 460 S PAULA DR # 301  
City-St-Zip: DUNEDIN, FL 34698

Title: STD ( ) Delete  
Name: HOLOULOS, JOAN  
Address: 773 HEATHROW LN  
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: BOWMAN, SHERI  
Address: 471 ADAMS APPLE DRIVE, UNIT 4  
City-St-Zip: BANNER ELK, NC 28604

Title: D (X) Change ( ) Addition  
Name: CARONE, ADORIA  
Address: 23312 CAMINITO LUISITO  
City-St-Zip: LAGUNA HILLS, CA 92653

Title: STD (X) Change ( ) Addition  
Name: JACKSON, EMILIE  
Address: 219 WINDING WILLOW DRIVE  
City-St-Zip: PALM HARBOR, FL 34683

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: SANDRA J. SELVAGGIO

P

01/31/2009

Electronic Signature of Signing Officer or Director

Date