2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N08946

Entity Name: POWDER HORN WOODS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5944 FLINTLOCK LOOP
TALLAHASSEE, FL 323114180

New Principal Place of Business:

Current Mailing Address:

5944 FLINTLOCK LOOP
TALLAHASSEE, FL 323114180

New Mailing Address:

FEI Number: 59-2719980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDREWS, GAIL
5944 FLINTLOCK LOOP
TALLAHASSEE, FL 32311 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: GRIFFITH, FRED
Address: 5872 FLINTLOCK LOOP
City-St-Zip: TALLAHASSEE, FL 32311

Title: VD ( ) Delete
Name: HOUSTON, WARD
Address: 5033 LOUVINIA DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: S ( ) Delete
Name: GRANGER, TONYA
Address: 5968 FLINTLOCK LOOP
City-St-Zip: TALLAHASSEE, FL 32311

Title: TD ( ) Delete
Name: ANDREWS, GAIL
Address: 5944 FLINTLOCK LOOP
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GAIL ANDREWS TD 03/17/2009

Electronic Signature of Signing Officer or Director — Date