2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N10248

Entity Name: WOODMERE LAKE CLUB ASSOCIATION, INC.

Current Principal Place of Business:

5660 WOODMERE LAKE CIR.
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMIAMI TRAIL E.
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 59-2562550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, STEPHEN P
COLLIER FINANACIAL INC.
4985 E TAMIAMI TRAIL
NAPLES, FL 34113 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:	HARE, RUTH	
Address:	5642 WOODMERE LAKE CR C-102	
City-St-Zip:	NAPLES, FL 34112	
Title:	D	( ) Delete
Name:	REIGHN, SHERON	
Address:	5644 WOODMERE LAKE CIRCLE, UNIT C103	
City-St-Zip:	NAPLES, FL 34112	
Title:	TSD	( ) Delete
Name:	ERICKSON, CHARLES	
Address:	5654 WOODMERE LAKE CR C203	
City-St-Zip:	NAPLES, FL 34112	
Title:	PD	( ) Delete
Name:	KENDRICK, JIM	
Address:	5746 WOODMERE LAKE CR G204	
City-St-Zip:	NAPLES, FL 34112	
Title:	VD	( ) Delete
Name:	ZELLER, JEAN MARIE	
Address:	5796 WOODMERE LAKE CR C201	
City-St-Zip:	NAPLES, FL 34112	
Title:	D	( ) Delete
Name:	WELCH, GIL	
Address:	5684 WOODMERE LAKE CIRCLE, UNIT #F-101	
City-St-Zip:	NAPLES, FL 34112	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TSD	(X) Change ( ) Addition
Name:	REIGHN, SHERON	
Address:	5644 WOODMERE LAKE CIRCLE, UNIT C103	
City-St-Zip:	NAPLES, FL 34112	
Title:	D	(X) Change ( ) Addition
Name:	WEATHERFORD, CHARLES	
Address:	5682 WOODMERE LAKE CR D202	
City-St-Zip:	NAPLES, FL 34112	
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: JIM KENDRICK PD 04/15/2009

Electronic Signature of Signing Officer or Director — Date