## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N10250

FILED Apr 03, 2009 Secretary of State

Entity Name: WOODLAND TERRACE AT COUNTRY CREEK, INC.

Current Principal Place of Business:			New Pri	New Principal Place of Business:		
2180 W SI SUITE 500 LONGWO		9				
Current Mailing Address:			New Ma	New Mailing Address:		
2180 W SI SUITE 500 LONGWO		9				
FEI Number	: 59-2699196	FEI Number Applied For ( )	FEI Number Not Ap	Applicable ( ) Certificate of Status Desired ( )		
Name and	d Address of (	Current Registered Agent:	Name ar	and Address of New Registered Agent:		
SENTRY I 2180 WES LONGWO The above		TE 5000 9 US	purpose of changin	ng its registered office or registered agent, or both,		
	e of Florida.					
SIGNATU		nic Signature of Registered Ag	 jent	 Date		
OFFICER	S AND DIREC	-		IONS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	GREENSPAN, 1175 WOODL, ALTAMONTE S  VPTD ( KING, JANE 1180 WOODL, ALTAMONTE S  D (	AND TERR TR SPRINGS, FL 32714  ) Delete  AND TERR TR SPRINGS, FL 32714  ) Delete	Title: Name: Address: City-St-Zip Title: Name: Address: City-St-Zip Title:	ip: ALTAMONTE SPRINGS, FL 32714  PD (X) Change ( ) Addition  KING, JANE  1180 WOODLAND TERR TR		
Name: Address: City-St-Zip: Title:	ALTAMONTE S	IUDY AND TERRACE TR SPRINGS, FL 32714 ) Delete	Name: Address: City-St-Zip Title:			
Name: Address: City-St-Zip:		ALISA AND TERRACE TR SPRINGS, FL 32714	Name: Address: City-St-Zip			
Title: Name: Address: City-St-Zip:	COLLINS, RÒI 1157 WOODL	) Delete N AND TERRACE TR SORINGS, FL 32714	Title: Name: Address: City-St-Zip			
Title:	D (	) Delete	Title: Name:	( ) Change ( ) Addition		

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: JANE KING PD 04/03/2009