2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12628

FILED Mar 22, 2009 Secretary of State

Entity Name: THE WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 50762 1910 WOOD HOLLOW LANE SARASOTA, FL 34232 SARASOTA, FL 34235

Current Mailing Address: New Mailing Address:

PO BOX 50762 1910 WOOD HOLLOW LANE SARASOTA, FL 34232 US SARASOTA, FL 34235

FEI Number: 65-0105461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

NOBLE, BECKY

1876 WOOD HOLLOW COURT

SARASOTA, FL 34235 US

ROES, LYNDA

1910 WOOD HOLLOW LANE

SARASOTA, FL 34235 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: LYNDA S ROES 03/22/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

: PD () Delete Title: PD (X) Change () Addition

Name: HANDLEY, THOMAS Name: HOLLY, DYE
Address: 1887 WOOD HOLLOW COURT Address: 1932 WOOD HOLLOW LANE

City-St-Zip: SARASOTA, FL 34235 City-St-Zip: SARASOTA, FL 34235

Title: ST () Delete Title: VP (X) Change () Addition Name: NOBLE, BECKY Name: HANDLEY, THOMAS

Address: 1876 WOOD HOLLOW PLACE Address: 1887 WOOD HOLLOW COURT

City-St-Zip: SARASOTA, FL 34235 City-St-Zip: SARASOTA, FL 34235

Title: V () Delete Title: ST (X) Change () Addition

Name: BEDITS, DONNA Name: ROES, LYNDA

Address: 2083 WOOD HOLLOW LANE Address: 1910 WOOD HOLLOW LANE City-St-Zip: SARASOTA, FL 34235 SARASOTA, FL 34235

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: LYNDA S ROES ST 03/22/2009