

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13403

FILED
Feb 27, 2009
Secretary of State

Entity Name: WOODLAWN MANOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

555 4TH ST LOT 55
VERO BEACH, FL 32962 US

New Principal Place of Business:

555 4TH ST LOT 1
VERO BEACH, FL 32962 US

Current Mailing Address:

555 4TH ST LOT 55
VERO BEACH, FL 32962 US

New Mailing Address:

555 4TH ST LOT 1
VERO BEACH, FL 32962 US

FEI Number: 90-0031366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMENTS, ALTON F
555 4TH ST LOT 55
VERO BEACH, FL 32962 US

Name and Address of New Registered Agent:

BALLARD, WILLIAM O
555 4TH ST LOT 1
VERO BEACH, FL 32962 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: WILLIAM O. BALLARD

02/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROSS, JIM
Address: 555 4TH ST. #72
City-St-Zip: VERO BEACH, FL 32962

Title: VP () Delete
Name: BALLARD, WILLIAM O
Address: 555 4TH ST #90
City-St-Zip: VERO BEACH, FL 32962

Title: S () Delete
Name: WELLS, LINDA
Address: 555 47TH ST #82
City-St-Zip: VERO BEACH, FL 32962

Title: TD () Delete
Name: CLEMENTS, ALTON F
Address: 555 4TH ST., LOT 55
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: NEEDHAM, VIOLET
Address: 555 4TH ST #79
City-St-Zip: VERO BEACH, FL 32962

Title: S (X) Change () Addition
Name: BROWN, GRACE
Address: 555 47TH ST #81
City-St-Zip: VERO BEACH, FL 32962

Title: TD (X) Change () Addition
Name: BALLARD, WILLIAM O
Address: 555 4TH ST., LOT 90
City-St-Zip: VERO BEACH, FL 32962

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: WILLIAM O. BALLARD

TD

02/27/2009

Electronic Signature of Signing Officer or Director

Date