2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14563

FILED Feb 19, 2009 Secretary of State

Entity Name: WOODHAVEN ESTATES HOME OWNERS, INC.

Current Principal Place of Business: New Principal Place of Business: 2122 JACARANDA WAY SEBRING, FL 33872 **Current Mailing Address: New Mailing Address:** 2346 BURNING TREE CIR SEBRING, FL 33872 FEI Number: 59-2795476 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: WADE, JOHN 2346 BURNING TREE CIRCLE SEBRING, FL 33872 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PULLEN, MARION Name: Name: 2111 JACARANDA WAY Address: Address: City-St-Zip: SEBRING, FL 33872 City-St-Zip: Title: Title: (X) Change () Addition () Delete ORENIER, KEN Name: GRENIER, KEN Name: Address: 2145 TIMBER LN Address: 2145 TIMBER LN City-St-Zip: SEBRING, FL 338725 City-St-Zip: SEBRING, FL 338725 Title: () Delete Title: (X) Change () Addition ILLAYO, BETTY MAYO, BETTY Name: Name: 2110 JACARANDA WAY 2110 JACARANDA WAY Address: Address: City-St-Zip: SEBRING, FL 33872 City-St-Zip: SEBRING, FL 33872 Title: () Delete Title: () Change () Addition Name: MEYER, STARLEEN Name: Address: 2127 BANYAN WAY Address: City-St-Zip: SEBRING, FL 33872 City-St-Zip: Title: () Delete Title: (X) Change () Addition LARGE, IVITETER SHIVELY, STEVE Name: Name: 2102 BANYAN WAY 2112 TIMBER LANE Address: Address: City-St-Zip: SEBRING, FL 33872 City-St-Zip: SEBRING, FL 33872 Title: () Delete Title: () Change () Addition BAIR LARRY Name: Name: Address: 2326 BURNING TREE CIRCLE Address: SEBRING, FL 33872 City-St-Zip: 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: STARLLEEN MEYER T 02/19/2009