2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# N15685

Entity Name: THE WOODS AT ANDERSON PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-2883632 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 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: PD ( ) Delete
Name: CANARY, GLENN
Address: 39650 US 19 NORTH #1422
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D ( ) Delete
Name: WADE, VALERIE
Address: 39650 US 19 N #821
City-St-Zip: TARPON SPRINGS, FL

Title: D ( ) Delete
Name: DEMASCIO, WILLIAM
Address: 39650 US 19 N #1124
City-St-Zip: TARPON SPRINGS, FL

Title: VPD ( ) Delete
Name: RENZ, PATSY
Address: 39650 US 19 N #1413
City-St-Zip: TARPON SPRINGS, FL

Title: TD ( ) Delete
Name: MATHES, PHILIP
Address: 39650 US 19 N #642
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: PASHMAN, ALTHEA
Address: 39650 US 19 NORTH #1314
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SEC (X) Change ( ) Addition
Name: WADE, VALERIE
Address: 39650 US 19 N #821
City-St-Zip: TARPON SPRINGS, FL

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

Title: PRES (X) Change ( ) Addition
Name: RENZ, PATSY
Address: 39650 US 19 N #1413
City-St-Zip: TARPON SPRINGS, FL

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: PATSY RENZ PRES 02/18/2009

Electronic Signature of Signing Officer or Director — Date