

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19238

FILED
Apr 06, 2009
Secretary of State

Entity Name: NATURES WOODS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 56273
JACKSONVILLE, FL 322413273

New Principal Place of Business:

4832 MAXWOOD RD
JACKSONVILLE, FL 32257

Current Mailing Address:

P.O. BOX 56273
JACKSONVILLE, FL 322413273

New Mailing Address:

FEI Number: 59-2880298 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAMBLYN, CHUCK
9963 GOSHAWK DRIVE EAST
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

RUPPERT, SCOTT
4832 MAXWOOD RD
JACKSONVILLE, FL 32257 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: SCOTT RUPPERT

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TAMBLYN, CHUCK
Address: 9963 GOSHAWK DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32257

Title: T () Delete
Name: SHARP, TONY
Address: 9982 GOSHAWK DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32257

Title: P () Delete
Name: SHARP, TONY
Address: 9982 GOSHAWK DR E
City-St-Zip: JACKSONVILLE, FL 32257

Title: SD () Delete
Name: MCKEEVER, THERESA
Address: 10088 DOVE TAIL COURT SOUTH
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RUPPERT, SCOTT
Address: 4832 MAXWOOD RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: T (X) Change () Addition
Name: HUSEIN, SHAKIR
Address: 9999 GOSHAWK DR E
City-St-Zip: JACKSONVILLE, FL 32257

Title: T (X) Change () Addition
Name: SHEPPARD, SCOTT
Address: 9955 DOVETAIL DR E
City-St-Zip: JACKSONVILLE, FL 32257

Title: T (X) Change () Addition
Name: TAYLOR, TODD
Address: 9966 GOSHAWK DR E
City-St-Zip: JACKSONVILLE, FL 32257

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: SCOTT RUPPERT

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date