

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20318

FILED
Jan 26, 2009
Secretary of State

Entity Name: VILLAGE WOOD PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

12906 CINNIMON PLACE
PO BOX 271146
TAMPA, FL 33624 US

New Principal Place of Business:

12906 CINNIMON PLACE
TAMPA, FL 33624 US

Current Mailing Address:

P.O. BOX 271146
TAMPA, FL 33688 US

New Mailing Address:

FEI Number: 59-3182163 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HARTSOOK, DEBORAH
12906 CINNIMON PLACE
TAMPA, FL 33624 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: P () Delete
Name: HARTSOOK, DEBORAH
Address: 12906 CINNIMON PLACE
City-St-Zip: TAMPA, FL 33624

Title: V () Delete
Name: LOLLY, CINDY
Address: 12902 CINNIMON PL
City-St-Zip: TAMPA, FL 33624

Title: T () Delete
Name: GILDERSLEENE, MARY
Address: 12808 BAY LEAF PL
City-St-Zip: TAMPA, FL 33624

Title: T () Delete
Name: CROSS, SHARON
Address: 12805 BAY LEAF PL
City-St-Zip: TAMPA, FL 33624

Title: S (X) Delete
Name: KEIRN, TERRI
Address: 12910 CINNIMON PLACE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: ARMSTRONG, CYNTHIA
Address: 4714 TANNERY ST
City-St-Zip: TAMPA, FL 33624

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

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: SHARON CROSS

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01/26/2009

Electronic Signature of Signing Officer or Director

Date