

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Jun 26, 2009  
Secretary of State**

DOCUMENT# N22332

**Entity Name:** WOODLAND PLACE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**5913 WOODLAND PT PL  
TAMARAC, FL 33319**New Principal Place of Business:****Current Mailing Address:**C/O FOUNDATION PROPERTY SERVICES  
4750 W. COMMERCIAL BLVD  
TAMARAC, FL 33319**New Mailing Address:**

FEI Number: 65-0017199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**PARKER, ROBERT  
5780 WOODLAND POINT DRIVE  
FORT LAUDERDALE, FL 33319 US**Name and Address of New Registered Agent:**CHECCHIA, DANIEL M  
5870 WOODLAND POINT DRIVE  
TAMARAC, FL 33319 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: DANIEL CHECCHIA

06/26/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: STD ( ) Delete  
Name: PARKER, ROBERT  
Address: 5780 WOODLAND POINT DRIVE  
City-St-Zip: TAMARAC, FL 33319Title: PD (X) Delete  
Name: CHECCHIA, MCLANIE  
Address: 5870 WOODLAND PT DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33319Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change ( ) Addition  
Name: CHECCHIA, DANIEL M  
Address: 5870 WOODLAND POINT DRIVE  
City-St-Zip: TAMARAC, FL 33319Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: VP ( ) Change (X) Addition  
Name: FELL, SONJA  
Address: 5907 WOODLAND POINT PLACE  
City-St-Zip: TAMARAC, FL 33319Title: S/T ( ) Change (X) Addition  
Name: MAGRUDER, LYNNE  
Address: 5861 WOODLAND POINT DRIVE  
City-St-Zip: TAMARAC, FL 33319

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: MARY BANMILLER

OM

06/26/2009

Electronic Signature of Signing Officer or Director

Date