2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N22973

Entity Name: THE DERBY WOODS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 59
LYNN HAVEN, FL 324447059

New Principal Place of Business:

1433 BLUE GRASS
LYNN HAVEN, FL 324447059

Current Mailing Address:

P O BOX 59
LYNN HAVEN, FL 324447059

New Mailing Address:

FEI Number: 59-2851283 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TWIGG, NANCY C
186 DERBY WOODS DR
LYNN HAVEN, FL 32444 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: WANKOWSKI, GENE
Address: 1433 BLUE GRASS
City-St-Zip: LYNN HAVEN, FL 32444

Title: VD ( ) Delete
Name: WILKIE, STEVE
Address: 1530 BLUE GRASS
City-St-Zip: LYNN HAVEN, FL 32444

Title: SD ( ) Delete
Name: GARL, SUE
Address: 107 SARASOTA PLACE
City-St-Zip: LYNN HAVEN, FL 32444

Title: TD ( ) Delete
Name: TWIGG, NANCY
Address: 186 DERBY WOODS DR
City-St-Zip: LYNN HAVEN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: CLARK, SHALOME
Address: 105 SARASOTA PLACE
City-St-Zip: LYNN HAVEN, FL 32444

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: NANCY C TWIGG TD 02/09/2009
Electronic Signature of Signing Officer or Director — Date