

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23016

FILED
Jan 04, 2008
Secretary of State

Entity Name: THE WOODLANDS OF LAKE WASHINGTON HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3532 SAMUEL PLACE
MELBOURNE, FL 32934 US

New Principal Place of Business:

3570 HAMMOCK TRAIL
MELBOURNE, FL 32934 US

Current Mailing Address:

WOODLANDS OF LAKE WASHINGTON HOA
3532 SAMUEL PL
MELBOURNE, FL 32934 US

New Mailing Address:

WOODLANDS OF LAKE WASHINGTON HOA
3570 HAMMOCK TRAIL
MELBOURNE, FL 32934 US

FEI Number: 59-2884987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIFF, JEFFREY M
3532 SAMUEL PLACE
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

KENT, EDWARD S
3570 HAMMOCK TRAIL
MELBOURNE, FL 32934 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: E.S. KENT

01/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: EISENHAUER, KAREN
Address: 3510 CHARLTON PL
City-St-Zip: MELBOURNE, FL 32934

Title: PD () Delete
Name: SCHIFF, JEFFREY M
Address: 3532 SAMUEL PLACE
City-St-Zip: MELBOURNE, FL 32934

Title: TD () Delete
Name: HIGBIE, SUSAN
Address: 3512 SAMUEL PLACE
City-St-Zip: MELBOURNE, FL 32934

Title: VD () Delete
Name: KENT, SCOTT
Address: 3570 HAMMOCK TRAIL
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: KENT, EDWARD S
Address: 3570 HAMMOCK TRAIL
City-St-Zip: MELBOURNE, FL 32934

Title: TD (X) Change () Addition
Name: HIGBIE, RICHARD
Address: 3512 SAMUEL PLACE
City-St-Zip: MELBOURNE, FL 32934

Title: VD (X) Change () Addition
Name: DEFINE, TOM
Address: 3700 BRENNAN DRIVE
City-St-Zip: MELBOURNE, FL 32934

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: E.S. KENT

PD

01/04/2008

Electronic Signature of Signing Officer or Director

Date