

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28012

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** WOODMERE PROFESSIONAL OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2375 TAMIAMI TR N #206  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

2375 TAMIAMI TR N #206  
EXCEL REAL ESTATE SERVICES  
NAPLES, FL 34103 US

**New Mailing Address:**

**FEI Number:** 65-0068423      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHEFFY, JANE Y  
2375 TAMIAMI TRAIL NORTH  
SUITE 310  
NAPLES, FL 34103 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: CHEFFY, JANE  
Address: 2375 TAMIAMI TRAIL N. #310  
City-St-Zip: NAPLES, FL 34103

Title: VD ( ) Delete  
Name: THOMPSON, LINDA  
Address: 2375 TAMIAMI TRAIL N. #100  
City-St-Zip: NAPLES, FL 34103

Title: S ( ) Delete  
Name: DAVIES, CHRIS  
Address: 2375 TAMIAMI TRAIL NORTH #308  
City-St-Zip: NAPLES, FL 34103

Title: T ( ) Delete  
Name: GUSTASON, RON  
Address: 2375 TAMIAMI TRAIL N. #110  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: CHEFFY JANE

PD

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date