

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29297

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** THE WOODS AT LAKE SEMINOLE, PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2189 CLEVELAND STREET, STE 225  
CLEARWATER, FL 33765 US

**New Principal Place of Business:**

**Current Mailing Address:**

2189 CLEVELAND STREET, STE 225  
CLEARWATER, FL 33765 US

**New Mailing Address:**

**FEI Number:** 59-2951460

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEIGHTON, LENNARD A  
2189 CLEVELAND STREET, STE 225  
CLEARWATER, FL 33765 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: EICHLER, STEPHEN  
Address: 9085 CYPRESS TRL  
City-St-Zip: SEMINOLE, FL 33777

Title: VP ( ) Delete  
Name: HERB, ROBERT  
Address: 10464 MYRTLE OAK LN  
City-St-Zip: SEMINOLE, FL 33777

Title: SD ( ) Delete  
Name: NEEDHAM, KRISTEN  
Address: 10271 MYRTLE OAK LANE  
City-St-Zip: LARGO, FL 33777

Title: TD ( ) Delete  
Name: AHARA, HEIDI  
Address: 10259 MYRTLE OAK LANE  
City-St-Zip: LARGO, FL 33777

Title: D ( ) Delete  
Name: DEAN, KIMBERLY  
Address: 9158 BIRCH DRIVE  
City-St-Zip: LARGO, FL 33777

Title: D ( ) Delete  
Name: KOTCHEY, ALICE  
Address: 10321 MYRTLE OAK LN  
City-St-Zip: SEMINOLE, FL 33777

**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: TD (X) Change ( ) Addition  
Name: HETRICK, BEN  
Address: 9100 CHERRY TRACE  
City-St-Zip: LARGO, FL 33777

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: STEPHEN EICHLER

PD

01/19/2009

Electronic Signature of Signing Officer or Director

Date