2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33660

FILED Mar 06, 2009 Secretary of State

Entity Name: THE WOODS OF FOREST LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434, STE 5000 2180 WEST SR 434 SUITE 5000

LONGWOOD, FL 327795044 US LONGWOOD, FL 327795044 US

Current Mailing Address: New Mailing Address:

2180 WEST SR 434 2180 WEST SR 434, STE 5000

SUITE 5000 LONGWOOD, FL 327795044 US LONGWOOD, FL 327795044 US

FEI Number: 59-2963651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ULM, JEFFREY % GOLDSTAR MANAGEMENT CO 2435 US 19 STE 270

SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 HOLIDAY, FL 34691 US LONGWOOD, FL 32779 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.

HART, JAMES W JR

SIGNATURE: JAMES W HART JR 03/06/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

FETTER, BRADON FETTER, BRANDY Name: Name: 576 LAKEWOOD DRIVE Address: 569 LAKEWOOD DRIVE Address: OLDSMAR, FL 34677 City-St-Zip: City-St-Zip: OLDSMAR, FL 34677

Title: Title: (X) Change () Addition () Delete

KEOGH, DICK Name: KEOGH, DICK Name:

Address: 417 LAKEWOOD DRIVE Address: 417 LAKEWOOD DRIVE City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: OLDSMAR, FL 34677

Title: () Delete Title: SD (X) Change () Addition

RAVER, ROBERT RAVER, ROBERT Name: Name: 565 LAKEWOOD DRIVE 565 LAKEWOOD DRIVE Address: Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: OLDSMAR, FL 34677

Title: () Delete Title: TD (X) Change () Addition

Name: MUNSON, TYSON Name: MUNSON, TYSON 510 PINE WOOD DR Address: 510 PINE WOOD DR Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: OLDSMAR, FL 34677

Title: () Delete Title: () Change (X) Addition

KEOGH, CATHY Name: Name: 417 LAKEWOOD DR Address: Address: City-St-Zip: City-St-Zip: OLDSMAR, FL 34677

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: BRANDY FETTER PD 03/06/2009