## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N40196

FILED Mar 31, 2009 Secretary of State

Entity Name: VILLAGES OF WOODLAKE HOMEOWNERS ASSOCIATION, INC.

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

101 WEDGEWOOD LAKES S 101 WEDGEWOOD LAKES GREENACRES, FL 33467 US GREENACRES, FL 33467 US

Current Mailing Address: New Mailing Address:

4000 SOUTH 57TH AVE #101

LAKE WORTH, FL 33463 US

FEI Number: 65-0588563 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:

ST JOHN, DICKER, KRIVCK & CORE, P.A. 500 AUSTRALIAN AVE SO STE 600 WEST PALM BEACH, FL 33401 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:

TOKE.

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 CHANDLER, WALTER S
 Name:
 CHANDLER, WALTER S

 Address:
 132 WOODLAKE CIR
 Address:
 132 WOODLAKE CIR

Address: 132 WOODLAKE CIR Address: 132 WOODLAKE CIR
City-St-Zip: GREENACRES, FL 33463 City-St-Zip: GREENACRES, FL 33463

Title: PD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SCHWARTZ, HAROLD
 Name:

 Address:
 225 WEDGEWOOD CIRCLE
 Address:

 City-St-Zip:
 GREENACRES, FL 33463
 City-St-Zip:

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

 Name:
 MICHELET, MOISE
 Name:

 Address:
 122 OAKWOOD WAY
 Address:

 City-St-Zip:
 GREENACRES, FL 33463
 City-St-Zip:

Name:ENCHEFF, BRUCEName:BOLINE, DONALDAddress:152 WOODLAKE CIRAddress:106 ROSEWOOD LANECity-St-Zip:GREENACRES, FL 33463City-St-Zip:GREENACRES, FL 33463

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

Name: GIORDANO, JAMES Name: GIORDANO, JAMES
Address: 101 ROSEWOOD LANE
City-St-Zip: GREENACRES, FL 33463
City-St-Zip: GREENACRES, FL 33463

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: HAROLD SCHWARTZ P 03/31/2009