

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 30, 2009
Secretary of State

DOCUMENT# N44030

Entity Name: DELTONA WOODS COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**225 S. WESTMONTE DR.
SUITE 3310
ALTAMONTE SPRINGS, FL 31714 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 162147
ALTAMONTE SPRINGS, FL 327162147 US**New Mailing Address:****FEI Number:** 59-3104171**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PFAUSER, MARGO
225 S. WESTMONTE DR
SUITE 3310
ALTAMONTE SPRINGS, FL 31714 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: BOUCHET, LOUIS
Address: 3061 BOXELDER ST
City-St-Zip: DELTONA, FL 32725**Title:** DV () Delete
Name: ROSELLI, JEANNETTE
Address: 3097 BOXELDER ST
City-St-Zip: DELTONA, FL 32725**Title:** STD () Delete
Name: SORONDO, VICTOR
Address: 2881 FERRIS STREET
City-St-Zip: DELTONA, FL 32725**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change () Addition
Name: ROSELLI, JACK
Address: 3097 BOXELDER ST
City-St-Zip: DELTONA, FL 32725**Title:** DS (X) Change () Addition
Name: ROSELLI, JEANNETTE
Address: 3097 BOXELDER ST
City-St-Zip: DELTONA, FL 32725**Title:** DV (X) Change () Addition
Name: SORONDO, VICTOR
Address: 2881 FERRIS STREET
City-St-Zip: DELTONA, FL 32725

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: JACK ROSELLI

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date