2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N49251

Entity Name: WOODLAND TRAILS AT CALUSA LAKES NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

899 WOODBRIDGE DRIVE
VENICE, FL 34293 US

New Principal Place of Business:

Current Mailing Address:

899 WOODBRIDGE DRIVE
VENICE, FL 34293 US

New Mailing Address:

FEI Number: 65-0394556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DANYS, DORIAN
C/O ANII
89 WOODBRIDGE DRIVE
VENICE, FL 34293 US

Name and Address of New Registered Agent:

ADVANCED MANAGEMENT OF SW FLA
899 WOODBRIDGE DRIVE
VENICE, FL 34293 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: DOUGLAS E. WILSON 03/10/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HOFELICH, CHARLES
Address: 899 WOODBRIDGE DR.
City-St-Zip: VENICE, FL 34293

Title: D ( ) Delete
Name: WILLIAM, HAMILITON
Address: 899 WOODBRIDGE DR.
City-St-Zip: VENICE, FL 34293

Title: VPD ( ) Delete
Name: PELT, JOE
Address: 899 WOODBRIDGE DR.
City-St-Zip: VENICE, FL 34293

Title: TD ( ) Delete
Name: BAXTER, DOUGLAS
Address: 899 WOODBRIDGE DR
City-St-Zip: VENICE, FL 34293

Title: SD ( ) Delete
Name: WENDT, PATRICIA
Address: 899 WOODBRIDGE DR
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: WILLIAM, HAMILITON
Address: 899 WOODBRIDGE DR.
City-St-Zip: VENICE, FL 34293

Title: VPD (X) Change ( ) Addition
Name: WILLIAM, BYRNE
Address: 899 WOODBRIDGE DR.
City-St-Zip: VENICE, FL 34293

Title: D (X) Change ( ) Addition
Name: SCHOTT, JOSEPH
Address: 899 WOODBRIDGE DR
City-St-Zip: VENICE, FL 34293

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: WILLIAM HAMILTON TD 03/10/2009
Electronic Signature of Signing Officer or Director Date