

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000482

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: WOLDUNN COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

470 WOLDUNN CIRCLE  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

470 WOLDUNN CIRCLE  
LAKE MARY, FL 32746

**New Mailing Address:**

FEI Number: 59-3203038

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REISCHMANN, WILLIAM  
1001 HEATHROW PARK LANE  
SUITE 4001  
LAKE MARY, FL 32746 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: VP ( ) Delete  
Name: CONLEY, HAMPTON  
Address: 494 WOLDUNN CIRCLE  
City-St-Zip: LAKE MARY, FL 32746

Title: PRES ( ) Delete  
Name: HILTON, TOM  
Address: 426 WOLDUNN CIR.  
City-St-Zip: LAKE MARY, FL 32746

Title: VD ( ) Delete  
Name: SPARKS, DONALD E  
Address: 397 WOLDUNN CIR.  
City-St-Zip: LAKE MARY, FL 32746

Title: X-PR ( ) Delete  
Name: LORD, JAMES  
Address: 303 OLD DUNN CT.  
City-St-Zip: LAKE MARY, FL 32746

**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: ( ) 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: TOM HILTON

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date