2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N94000001108

Entity Name: WOODBURY GLEN HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

860 NORTH S.R. 434
STE. 1009
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

12843 WOODBURY GLEN DR.
ORLANDO, FL 32828 US

Current Mailing Address:

860 NORTH S.R. 434
STE. 1009
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 59-3256423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, MARILYN
860 NORTH S.R. 434
STE. 1009
ALTAMONTE SPRINGS, FL 32714 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: T ( ) Delete
Name: DIAZ, DAVID
Address: 12839 WOODBURY GLEN DR.
City-St-Zip: ORLANDO, FL 32828

Title: VP ( ) Delete
Name: RICE, DAVID
Address: 12809 WOODBURY GLEN DR
City-St-Zip: ORLANDO, FL 32828

Title: P ( ) Delete
Name: LINDA, ROTH
Address: 12843 WOODBURY GLEN DR
City-St-Zip: ORLANDO, FL 32828

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition
Name: DIAZ, DAVID
Address: 12839 WOODBURY GLEN DR.
City-St-Zip: ORLANDO, FL 32828 US

Title: VP (X) Change ( ) Addition
Name: RICE, DAVID
Address: 12809 WOODBURY GLEN DR
City-St-Zip: ORLANDO, FL 32828 US

Title: P (X) Change ( ) Addition
Name: LINDA, ROTH
Address: 12843 WOODBURY GLEN DR
City-St-Zip: ORLANDO, FL 32828 US

Title: MGR ( ) Change (X) Addition
Name: RUSSELL, MIRIAM A MGR
Address: 860 NORTH S.R. 434, SUITE 1009
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: MIRIAM A. RUSSELL MGR 03/30/2009
Electronic Signature of Signing Officer or Director — Date