2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N94000002893

Entity Name: BAY CREEK AT WOODFIELD COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O LANG MGMT CO
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

C/O LANG MGMT CO
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: 65-0551791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAM K. ISAACSON,
21045 COMM ERCIAL TRAIL
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

ISAACSON, WILLIAM K AGENT
21045 COMM ERCIAL TRAIL
BOCA RATON, FL 33486 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: ISAACSON, WILLIAM K. 04/20/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPS ( ) Delete
Name: STOTZER, TED
Address: 6529 NW 39TH TERR
City-St-Zip: BOCA RATON, FL 33496

Title: 2VP ( ) Delete
Name: BUELLER, AL
Address: 6544 NW 39TH TERR
City-St-Zip: BOCA RATON, FL 33496

Title: PD ( ) Delete
Name: GREENBLATT, PETER
Address: 6510 NW 39TH TERR
City-St-Zip: BOCA RATON, FL 33496

Title: VPD ( ) Delete
Name: FORSYTHE, DAN
Address: 6566 NW 39TH TERR
City-St-Zip: BOCA RATON, FL 33496

Title: VPT ( ) Delete
Name: SCHUSTER, TULLY
Address: 6558 NW 39TH TERR
City-St-Zip: BOCA RATON, FL 33496

Title: VPD (X) Delete
Name: SEARING, BRUCE
Address: 6521 NW 39TH TERR
City-St-Zip: BOCA RATON, FL 33496

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:

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: GREENBLATT, PETER P 04/20/2009
Electronic Signature of Signing Officer or Director Date