

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003701

FILED
Mar 17, 2009
Secretary of State

Entity Name: THE WOODS AT CROOKED MILE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

ALAMEDA DRIVE
MERRITT ISLAND, FL 32952 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 542322
MERRITT ISLAND, FL 32954

New Mailing Address:

FEI Number: 59-3107982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMS, LESLIE M
170 ALAMEDA DR
MERRITT ISLAND, FL 32952 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: ORLANDO, LARRY
Address: 125 ALAMEDA DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD () Delete
Name: BEAGLEY, GAIL
Address: 4180 LAUREL OAK LANE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP () Delete
Name: WITCHER, MARY
Address: 200 ALAMEDA DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD () Delete
Name: SIMS, LESLIE
Address: 170 ALAMEDA DR
City-St-Zip: MERRIT ISLAND, FL 32952

Title: DIR () Delete
Name: MOFFITT, MITCHELL
Address: 150 ALAMEDA DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ORLANDO, LARRY
Address: 125 ALAMEDA DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SEC (X) Change () Addition
Name: BEAGLEY, GAIL
Address: 4180 LAUREL OAK LANE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: PRES (X) Change () Addition
Name: WITCHER, MARY
Address: 200 ALAMEDA DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TRES (X) Change () Addition
Name: SIMS, LESLIE
Address: 170 ALAMEDA DR
City-St-Zip: MERRIT ISLAND, FL 32952

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: LESLIE SIMS

TRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date