

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002411

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** LANGDALE WOODS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5401 S. KIRKMAN RD., #450  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5401 S. KIRKMAN RD., #450  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 59-3705345

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COMMUNITY MGMT PROFESSIONALS INC.  
5401 KIRKMAN RD STE. 475  
ORLANDO, FL 32819 US

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

COMMUNITY MGMT PROFESSIONALS INC.  
5401 S. KIRKMAN RD STE. 450  
ORLANDO, FL 32819 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: KAREN SFARA

01/08/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: DOWNES, OLIVER  
Address: 4433 RIBBLES DALE LANE  
City-St-Zip: ORLANDO, FL 32808

Title: PD ( ) Delete  
Name: JACKSON, CHARLES  
Address: 4440 RIBBLES DALE LANE  
City-St-Zip: ORLANDO, FL 32808

Title: TD ( ) Delete  
Name: BAXTER, BARRINGTON  
Address: 4457 RIBBLES DALE LANE  
City-St-Zip: ORLANDO, FL 32808

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: JACKSON, CHARLES  
Address: 4449 RIBBLES DALE LANE  
City-St-Zip: ORLANDO, FL 32808

Title: VP (X) Change ( ) Addition  
Name: DOWNES, OLIVER  
Address: 4433 RIBBLES DALE LANE  
City-St-Zip: ORLANDO, FL 32808

Title: T (X) Change ( ) Addition  
Name: BAXTER, BARRINGTON  
Address: 4457 RIBBLES DALE LANE  
City-St-Zip: ORLANDO, FL 32808

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: CHARLES JACKSON

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date