2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N96000004272

Entity Name: PLACID WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

BOYLE MGMT SERVICES INC
498 PALM SPRINGS DR #235
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

BOYLE MGMT SERVICES INC
498 PALM SPRINGS DR #235
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-3397491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYLE, JAMES W
C/OBOYLE MANAGEMENT SERVICES INC
498 PALM SPRINGS DR #235
ALTAMONTE SPRINGS, FL 32701 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: DP ( ) Delete
Name: HILTON, JOHN
Address: 328 PLACID LAKE DR.
City-St-Zip: SANFORD, FL 32773

Title: V ( ) Delete
Name: LOWRY-TAYLOR, PHYLLIS
Address: 331 PLACID LAKE DR.
City-St-Zip: SANFORD, FL 32773

Title: ST ( ) Delete
Name: PARTRIDGE, CURTIS
Address: 360 PLACID LAKE
City-St-Zip: ORLANDO, FL 32773

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:

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: CURTIS PARTRIDGE ST 02/24/2009
Electronic Signature of Signing Officer or Director Date