

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 03, 2012**  
**Secretary of State**

DOCUMENT# N96000004272

**Entity Name:** PLACID WOODS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**160 W. EVERGREEN AVE  
# 271  
LONGWOOD, FL 32750 US**New Principal Place of Business:**1801 COOK AVENUE  
ORLANDO, FL 32806 US**Current Mailing Address:**160 W. EVERGREEN AVE  
# 271  
LONGWOOD, FL 32750 US**New Mailing Address:**1801 COOK AVENUE  
ORLANDO, FL 32806 US**FEI Number:** 59-3397491**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MAGUIRE, MELINDA  
% MELINDA MAGUIRE & ASSOCIATES  
160 W. EVERGREEN AVE., #271  
LONGWOOD, FL 32750 US**Name and Address of New Registered Agent:**DON ASHER & ASSOCIATES, INC.  
1801 COOK AVENUE  
ORLANDO, FL 32806 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: LISA A. CHRISTIAN, LCAM

04/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BENNETT, MICHELLE  
Address: 353 PLACID LAKE DR.  
City-St-Zip: SANFORD, FL 32773

Title: VP  
Name: KALPESH, PATEL  
Address: 311 PLACID LAKE DR.  
City-St-Zip: SANFORD, FL 32773

Title: ST  
Name: DANILSON, SHELLY  
Address: 351 PLACID LAKE DR.  
City-St-Zip: SANFORD, FL 32773

I hereby 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 all other like empowered.

SIGNATURE: LISA A. CHRISTIAN

LCAM

04/03/2012

Electronic Signature of Signing Officer or Director

Date