# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2009**
**Secretary of State**

DOCUMENT# N96000004727

**Entity Name:** WOODBRIDGE LAKES OF LAKE MARY HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

110 N. ORLANDO AVE.
6
MAITLAND, FL 32751 US

**New Principal Place of Business:**

**Current Mailing Address:**

110 N. ORLANDO AVE.
6
MAITLAND, FL 32751 US

**New Mailing Address:**

**FEI Number: 59-3432188** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

TOP NOTCH MANAGEMENT SERVICES
110 N. ORLANDO AVE.
6
MAITLAND, FL 32751 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: VD ( ) Delete
Name: BOTWIN, MITCHELL
Address: 912 PICKFAIR TERR
City-St-Zip: LAKE MARY, FL 32746

Title: SD ( ) Delete
Name: GOODMAN, ANDREW
Address: 464 PICKFAIR TERR.
City-St-Zip: LAKE MARY, FL 32746

Title: TD ( ) Delete
Name: CANN, ALFRED
Address: 583 LAKE DAWSON PL
City-St-Zip: LAKE MARY, FL 32746

Title: PD ( ) Delete
Name: ECKSTEIN, RICHARD
Address: 420 PICKFAIR TERR
City-St-Zip: LAKE MARY, FL 32746

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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

Title: D (X) Change ( ) Addition
Name: BOTWIN, MITCHELL
Address: 912 PICKFAIR TERR
City-St-Zip: LAKE MARY, FL 32746

Title: VD (X) Change ( ) Addition
Name: GOODMAN, ANDREW
Address: 464 PICKFAIR TERR.
City-St-Zip: LAKE MARY, FL 32746

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: FISCHER, BOB
Address: 724 PICKFAIR TERR
City-St-Zip: LAKE MARY, FL 32746

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: MARILYN VINCE CAM 04/30/2009

Electronic Signature of Signing Officer or Director — Date