

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002956

FILED  
Jan 22, 2009  
Secretary of State

**Entity Name:** WOODBINE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1206 NE 16TH PLACE  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

1206 NE 16TH PLACE  
GAINESVILLE, FL 32609

**New Mailing Address:**

**FEI Number:** 59-3450305

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THEOKTISTO, PETER L  
1206 NE 16TH PLACE  
GAINESVILLE, FL 32609 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: D ( ) Delete  
Name: HARRIS, TOM  
Address: 2102 S.E. 30TH PLACE  
City-St-Zip: GAINESVILLE, FL 32641

Title: TD ( ) Delete  
Name: THEOKTISTO, PETER  
Address: 1206 NE 16TH PLACE  
City-St-Zip: GAINESVILLE, FL 32609

Title: PD ( ) Delete  
Name: BROWN, MARK  
Address: 1221 NW 28TH ST  
City-St-Zip: GAINESVILLE, FL 32605

**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:** PETER L THEOKTISTO

TD

01/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date