2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000971

Apr 21, 2009 Secretary of State

Entity Name: WOODFIELD VILLAGE OF HERITAGE PINES, INC.

US

Current Principal Place of Business: New Principal Place of Business:

5837 TROUBLE CREEK RD NEW PORT RICHEY, FL 34652

Current Mailing Address: New Mailing Address:

5837 TROUBLE CREEK RD NEW PORT RICHEY, FL 34652 US

FEI Number: 59-3558324 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

COMMUNITY MANAGEMENT SERVICES, INC. 5837 TROUBLE CREEK RD NEW PORT RICHEY, FL 34652 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:

OFFICERS AND DIRECTORS:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VPD () Delete (X) Change () Addition

SKORNEY, GILDA BOND, BUD Name: Name: 18708 SUMMERSONG DR Address: 18703 WORTHINGTON ROAD Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip: HUDSON, FL 34667

Title: PD () Delete Title: () Change () Addition MARTIN, DENNIS Name: Name: Address: 18649 WORTHINGTON RD Address:

City-St-Zip: HUDSON, FL 34667 City-St-Zip:

Title: () Delete Title: (X) Change () Addition HARROLD, JANE DANA, THOMAS Name: Name:

18716 SUMMERSONG DR 18737 SUMMERSONG DRIVE Address: Address:

City-St-Zip: HUDSON, FL 34667 City-St-Zip: HUDSON, FL 34667

Title: TD () Delete Title: TD

(X) Change () Addition Name: MAHES, PAUL Name: MATTES, PAUL 11829 WORTHINGTON RD 11829 WORTHINGTON RD Address: Address:

City-St-Zip: HUDSON, FL 34667 City-St-Zip: HUDSON, FL 34667

Title: () Delete Title: (X) Change () Addition KUNDE, KAREN KUNDE, KAREN Name: Name:

18712 SUMMERSONG DR 18712 SUMMERSONG DR Address: Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip: HUDSON, FL 34667

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: DENNIS MARTIN Ρ 04/21/2009