

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004502

FILED
Apr 06, 2011
Secretary of State

Entity Name: WOODS EDGE VILLAS HOMEOWNER ASSOCIATION, INC.

Current Principal Place of Business:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD., SUITE 200
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD., SUITE 200
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 58-2499746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD
SUITE 200
FORT MYERS, FL 33919 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: PD
Name: FULTZ, LARRY
Address: 28459 HIDDEN LAKE DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP
Name: KOELSCH, CHARLES
Address: 28328 HIDDEN LAKE DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD
Name: LEARY, JOHN
Address: 28399 HIDDEN LAKE DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD
Name: DARWISH, ANN
Address: 28405 HIDDEN LAKE DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D
Name: JAGO, MARK
Address: 28269 HIDDEN LAKE DR
City-St-Zip: BONITA SPRINGS, FL 34134

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: ANN DARWISH

TD

04/06/2011

Electronic Signature of Signing Officer or Director

Date