2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N99000000523

Entity Name: WOODMERE AT JACARANDA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3600 WILLIAM PENN WAY
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

3600 WILLIAM PENN WAY
VENICE, FL 34293

New Mailing Address:

FEI Number: 65-1002415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COULIS, JOHN
3600 WILLIAM PENN WAY
VENICE, FL 34293 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:	P	( ) Delete
Name:	WOLFF, HOWARD	
Address:	3732 CADBURY CIRCLE	
City-St-Zip:	VENICE, FL 34293	
Title:	S	( ) Delete
Name:	BRANDON, AUDREY	
Address:	3730 CADBURY CIRCLE #711	
City-St-Zip:	VENICE, FL 34293	
Title:	D	( ) Delete
Name:	MINNAX, BERNARD	
Address:	3730 CADBURY CIRCLE #311	
City-St-Zip:	VENICE, FL 34293	
Title:	D	( ) Delete
Name:	ROSKAMP, STEVE	
Address:	1226 N. TAMIAMI TRAIL	
City-St-Zip:	SARASOTA, FL 34236	
Title:	VP	( ) Delete
Name:	STOLTZNER, JOHN	
Address:	3731 CADBURY CIR,	
City-St-Zip:	VENICE, FL 34293	
Title:	D	( ) Delete
Name:	RODGERS, GLENN W	
Address:	3730 CADBURY CIRCLE #919	
City-St-Zip:	VENICE, FL 34293	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	ROSKAMP, STEVEN	
Address:	3600 WILLIAM PENN WAY	
City-St-Zip:	VENICE, FL 34293	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	LEIGHTON, ROBERT	
Address:	3730 CADBURY CIRCLE #303	
City-St-Zip:	VENICE, FL 34293	
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: ROBERT LEIGHTON, TREASURER MR. 03/31/2009

Electronic Signature of Signing Officer or Director — Date