

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003064

FILED
Feb 18, 2009
Secretary of State

Entity Name: THE WOODLANDS VILLAS AT RIVENDELL ASSOCIATION, INC.

Current Principal Place of Business:

ANNE HOPE LANE
SARASOTA, FL 34240

New Principal Place of Business:

LIGHTHOUSE PROPERTY MGMT.
16 CHURCH ST
OSPREY, FL 34229

Current Mailing Address:

PO BOX 110156
NAPLES, FL 34108

New Mailing Address:

LIGHTHOUSE PROPERTY MGMT.
16 CHURCH ST
OSPREY, FL 34229

FEI Number: 65-0937646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGER, DIANNE
727 SHADOW BAY WAY
OSPREY, FL 34229 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: DP () Delete
Name: MCDANIEL, LEWIS
Address: 708 ANNI HOPE LANE
City-St-Zip: OSPREY, FL 34229

Title: S () Delete
Name: ENGER, DIANE
Address: 727 SHADOW BAY WAY
City-St-Zip: OSPREY, FL 34229

Title: DS () Delete
Name: TURNER, DELORES
Address: 712 ANNA HOPE LANE
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TURNER, DELORES
Address: 712 ANNA HOPE LANE
City-St-Zip: OSPREY, FL 34229

Title: T (X) Change () Addition
Name: ENGER, DIANE
Address: 727 SHADOW BAY WAY
City-St-Zip: OSPREY, FL 34229

Title: S (X) Change () Addition
Name: PIKE, MEREDITH
Address: 815 SHADOW BAY WAY
City-St-Zip: OSPREY, FL 34229

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: KYANNE MERRILL

MNGR

02/18/2009

Electronic Signature of Signing Officer or Director

Date