

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003198

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** WOODPECKER COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1717 BLANDING BOULEVARD  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

2107 RED CREST COURT  
MIDDLEBURG, FL 32068

**Current Mailing Address:**

P.O. BOX 240  
ORANGE PARK, FL 320670240

**New Mailing Address:**

PO BOX 9776  
FLEMING ISLAND, FL 32006

**FEI Number:** 59-3640806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KEMP, JERRY  
1885 OSPREY BLUFF BLVD  
ORANGE PARK, FL 32003 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: HARRINGTON, TERESA B  
Address: 358 STILES AVENUE  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: KEMP, JERRY  
Address: 1885 OSPREY BLUFF BLVD  
City-St-Zip: ORANGE PARK, FL 32003

Title: D ( ) Delete  
Name: JESPERSON, GORDON O  
Address: 1279 KINGSLEY AVE  
City-St-Zip: ORANGE PARK, FL 32073

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SMITH, THERESA R  
Address: 2107 RED CREST COURT  
City-St-Zip: MIDDLEBURG, FL 32068

Title: VP (X) Change ( ) Addition  
Name: TAYLOR, TICHONIA  
Address: 2123 RED CREST COURT  
City-St-Zip: MIDDLEBURG, FL 32068

Title: T (X) Change ( ) Addition  
Name: MILLER, TAMMY L  
Address: 2111 RED CREST COURT  
City-St-Zip: MIDDLEBURG, FL 32068

Title: S ( ) Change (X) Addition  
Name: MCREE, VICTORIA  
Address: WOODPECKER LANE  
City-St-Zip: MIDDLEBURG, FL 32068

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: THERESA R. SMITH

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date