

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003762

FILED
Jan 14, 2009
Secretary of State

Entity Name: HOMEOWNERS ASSOCIATION OF THE ENCLAVE OF WOODLAND WATERS, INC.

Current Principal Place of Business:

10126 FEATHER RIDGE DRIVE
WEEKI WACHEE, FL 34613

New Principal Place of Business:

Current Mailing Address:

10126 FEATHER RIDGE DRIVE
WEEKI WACHEE, FL 34613

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, ALBERT
10265 RIDGE TOP LOOP
WEEKI WACHEE, FL 34613 US

Name and Address of New Registered Agent:

GARCIA, ALBERT A PRES
10265 RIDGE TOP LOOP
WEEKI WACHEE, FL 34613 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: ALBERT A. GARCIA

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GARCIA, ALBERT
Address: 10265 RIDGE TOP LOOP
City-St-Zip: WEEKI WACHEE, FL 34613

Title: VP () Delete
Name: CIPKO, MICHAEL
Address: 10291 RIDGE TOP LOOP
City-St-Zip: WEEKI WACHEE, FL 34613

Title: T () Delete
Name: WISNIEWSKI, LINDA
Address: 10199 RIDGE TOP LOOP
City-St-Zip: BROOKSVILLE, FL 34613

Title: S () Delete
Name: LOCKETT, ROBERT
Address: 10328 RIDGE TOP LOOP
City-St-Zip: BROOKSVILLE, FL 34613

Title: D () Delete
Name: PENN, KENNETH
Address: 10307 RIDGE TOP LOOP
City-St-Zip: WEEKI WACHEE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GARCIA, ALBERT A PRES
Address: 10265 RIDGE TOP LOOP
City-St-Zip: WEEKI WACHEE, FL 34613

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change () Addition
Name: WISNIEWSKI, LINDA
Address: 10199 RIDGE TOP LOOP
City-St-Zip: BROOKSVILLE, FL 34613

Title: SEC (X) Change () Addition
Name: LOCKETT, ROBERT
Address: 10328 RIDGE TOP LOOP
City-St-Zip: BROOKSVILLE, FL 34613

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: ALBERT A. GARCIA

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date