2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004319

FILED Mar 23, 2009 Secretary of State

Entity Name: THE NATIVE WOODS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6006 NATIVE WOODS DRIVE TAMPA, FL 33625

Current Mailing Address: New Mailing Address:

6006 NATIVE WOODS DRIVE TAMPA, FL 33625

FEI Number: 59-3611711 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PRICHARD, LEWIS 6006 NATIVE WOODS DRIVE TAMPA, FL 33625 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:

City-St-Zip:

City-St-Zip:

TAMPA, FL 33625

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PRES () Delete
 Title:
 PRTR (X) Change () Addition

 Name:
 PRICHARD, LEWIS
 Name:
 PRICHARD, LEWIS

 Address:
 6006 NATIVE WOODS DR
 Address:
 6006 NATIVE WOODS DR

 City-St-Zip:
 TAMPA, FL 33625
 TAMPA, FL 33625
 TAMPA, FL 33625

Title: SEC () Delete Title: VP (X) Change () Addition

 Name:
 KEYS, JANE A
 Name:
 SIMONTON, LINDA

 Address:
 6004 NATIVE WOODS DR
 Address:
 6002 NATIVE WOODS DR

 City-St-Zip:
 TAMPA, FL 33625
 City-St-Zip:
 TAMPA, FL 33625

Title: VP () Delete Title: SEC (X) Change () Addition Name: SERALE, YOLANDA Name: SERALE, YOLANDA

Address: 6148 NATIVE WOODS DR Address: 6148 NATIVE WOODS DR
City-St-Zip: TAMPA, FL 33625 City-St-Zip: TAMPA, FL 33625

Title: TREA () Delete Title: MATL (X) Change() /

 Title:
 TREA
 () Delete
 Title:
 MATL
 (X) Change () Addition

 Name:
 GABERINO, FRAN
 Name:
 GABERINO, FRAN

 Address:
 6142 NATIVE WOODS DR
 Address:
 6142 NATIVE WOODS DR

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: LEWIS PRICHARD PRTR 03/23/2009