

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000023426

FILED
Apr 28, 2009
Secretary of State

Entity Name: WOODLAND TERRACE OF GAINESVILLE, INC.

Current Principal Place of Business:

805 S. MAGNOLIA AVE
SUITE D
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

805 S. MAGNOLIA AVE
SUITE D
OCALA, FL 34471 US

New Mailing Address:

P O BOX 1496
OCALA, FL 34478 US

FEI Number: 59-3498587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESIMONE, DALE W
805 S. MAGNOLIA AVE
SUITE D
OCALA, FL 34471 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAWTON, SUZANNE
Address: 331 AUSTRALIAN AVE
City-St-Zip: PALM BEACH, FL 33480

Title: ST () Delete
Name: LAWTON, SUZANNE
Address: 331 AUSTRALIAN AVE
City-St-Zip: PALM BCH, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: LAWTON, SUZANNE
Address: 331 AUSTRALIAN AVE
City-St-Zip: PALM BCH, FL 33480

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE LAWTON

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date