

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000039798

FILED
Apr 14, 2009
Secretary of State

Entity Name: WOODMERE DEVELOPMENT, INC.

Current Principal Place of Business:

240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236

New Principal Place of Business:

ONE SOUTH SCHOOL AVENUE
SUITE 500
SARASOTA, FL 34237

Current Mailing Address:

PO BOX 49948
SARASOTA, FL 342306948

New Mailing Address:

ONE SOUTH SCHOOL AVENUE
SUITE 500
SARASOTA, FL 34237

FEI Number: 65-0917341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOWLES, CHARLES
4034 ROBERTS POINT
SARASOTA, FL 34242 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: DPT () Delete
Name: BAND, DAVID S
Address: 240 S. PINEAPPLE AVE., 10TH FLOOR
City-St-Zip: SARASOTA, FL 34236

Title: DVS () Delete
Name: KNOWLES, CHARLES
Address: 4034 ROBERTS POINT
City-St-Zip: SARASOTA, FL 34242

Title: DV () Delete
Name: KALIN, EDWARD L
Address: 5252 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: BAND, DAVID S
Address: ONE SOUTH SCHOOL AVE., STE. 500
City-St-Zip: SARASOTA, FL 34237

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

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

SIGNATURE: DAVID S. BAND

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04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date