

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90011 040 \*\*\*\*61.25

<b>DOCUMENT # 768917</b>					
<b>1. Entity Name</b> WOODLAND ESTATES HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> P O BOX 1603 CRYSTAL RIVER, FL 34423-8603			<b>Mailing Address</b> P O BOX 1603 CRYSTAL RIVER, FL 34423-8603		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-2625913	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SCHIRMER, SUE 1640 NW 19 ST CRYSTAL RIVER, FL 34428			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE <u>Susan J Schirmer</u> <span style="float: right;">2-16-08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> SCHIRMER, SUE <b>STREET ADDRESS</b> 1640 NW 19 ST <b>CITY-ST-ZIP</b> CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Chuck Schirmer <b>STREET ADDRESS</b> 1640 NW 19 ST <b>CITY-ST-ZIP</b> Crystal River, FL 34428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> 1V <b>NAME</b> PIERCE, HARRY <b>STREET ADDRESS</b> 1841 NW 15TH ST <b>CITY-ST-ZIP</b> CRYSTAL RIVER, FL 34428	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> 1V <b>NAME</b> Hastings, Mendi <b>STREET ADDRESS</b> 1514 NW 17th St <b>CITY-ST-ZIP</b> Crystal River, FL 34428	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> 2V <b>NAME</b> HOLLIS, IRIS <b>STREET ADDRESS</b> 1920 NW 19TH ST <b>CITY-ST-ZIP</b> CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Mary Clark <b>STREET ADDRESS</b> 2020 NW 15th St <b>CITY-ST-ZIP</b> Crystal River, FL 34428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> FARLEY, LYNN <b>STREET ADDRESS</b> 1461 NW 19TH ST <b>CITY-ST-ZIP</b> CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Gail Hargreaves <b>STREET ADDRESS</b> 2120 NW 16th St <b>CITY-ST-ZIP</b> Crystal River, FL 34428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> HASTINGS, MINDI <b>STREET ADDRESS</b> 1514 NW 17TH CT <b>CITY-ST-ZIP</b> CRYSTAL RIVER, FL 34428	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> Butler, Rita <b>STREET ADDRESS</b> 2910 NW 17th St <b>CITY-ST-ZIP</b> Crystal River, FL 34428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BUTLER, HERMAN <b>STREET ADDRESS</b> 2910 NW 17TH STREET <b>CITY-ST-ZIP</b> CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Gail Kostelnick <b>STREET ADDRESS</b> 2021 NW 13th St <b>CITY-ST-ZIP</b> Crystal River, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Lynn A Farley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>Feb 11, 2008</u> 352-794-7455 <small>Daytime Phone #</small>		

ATTACHMENT

D John Patrick  
1931 NW 16<sup>th</sup> St  
Crystal River, FL 34428

40037682

# 768917

D Bob Purcell  
1420 NW 19<sup>th</sup> St  
Crystal River, FL 34428

D Jane Lueder  
2021 NW 15<sup>th</sup> St  
Crystal River, FL 34428

D Steve Lueder  
2021 NW 15<sup>th</sup> St  
Crystal River, FL 34428