


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N05000002165		
1. Entity Name EAST WOODLAND ROAD HOME AND LAND OWNERS, INC.		
Principal Place of Business 119 E WOODLAND RD SOUTHPORT, FL 32409	Mailing Address P.O. BOX 8167 SOUTHPORT, FL 32409	



07092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>72-1595047</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

MICHAELS, GORDON L  
119 E WOODLAND RD  
SOUTHPORT, FL 32405

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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.

SIGNATURE GORDON L. MICHAELS *Gordon L. Michaels* 7/9/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JONES, BILLY
STREET ADDRESS	607 E WOODLAND RD
CITY-ST-ZIP	SOUTHPORT, FL 32409
TITLE	DS
NAME	KINARD, RACHEL
STREET ADDRESS	18 E WOODLAND RD
CITY-ST-ZIP	SOUTHPORT, FL 32409
TITLE	DT
NAME	MICHAELS, GORDON
STREET ADDRESS	119 E WOODLAND RD
CITY-ST-ZIP	SOUTHPORT, FL 32409
TITLE	DVP
NAME	CULLEN, VAL
STREET ADDRESS	104 E WOODLAND RD
CITY-ST-ZIP	PANAMA CITY, FL 32409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000954507  
07/14/08-80004-003 61.25

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.

SIGNATURE: GORDON L. MICHAELS, TRES *Gordon L. Michaels* 7/9/08 850-348-0646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #