

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90036 046 ****61.25



DOCUMENT # N99000003404

1. Entity Name
WOODHAVEN ESTATES VILLAS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business: **4370 S. TAMIAMI TRAIL SUITE 102 SARASOTA FL 34231**
Mailing Address: **4370 SOUTH TAMIAMI TR SUITE 102 SARASOTA FL 34231**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: **65-0947259** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
**CASEY CONDOMINIUM MGMT
4370 SOUTH TAMIAMI TR
SUITE 102
SARASOTA FL 34231**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

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: *Kim Bittar* DATE: *4/30/08*

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW; FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RUMMANS, LAURA		NAME:	
STREET ADDRESS: 1312 HEDGEWOOD CIR		STREET ADDRESS:	
CITY-ST-ZIP: NORTH PORT FL 34288		CITY-ST-ZIP:	
TITLE: VPD	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KOENIG, BILL		NAME:	
STREET ADDRESS: 1435 MIMS CT		STREET ADDRESS:	
CITY-ST-ZIP: NORTH PORT FL 34288		CITY-ST-ZIP:	
TITLE: TD	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: EGGLESTON, TOM		NAME:	
STREET ADDRESS: 5943 FAIRLANE DR		STREET ADDRESS:	
CITY-ST-ZIP: NORTH PORT FL 34288		CITY-ST-ZIP:	
TITLE: D	<input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ERNST, THEODORE		NAME:	
STREET ADDRESS: 1377 OSSA COURT		STREET ADDRESS:	
CITY-ST-ZIP: NORTH PORT FL 34288		CITY-ST-ZIP:	
TITLE: SD	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MESZAROS, JOANN		NAME:	
STREET ADDRESS: 5906 FAIRLANE DRIVE		STREET ADDRESS:	
CITY-ST-ZIP: NORTH PORT FL 34288		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Debra E. Rummans Laura Rummans* *4/24/08* *941 429 1933*