


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90032 013 \*\*\*\*61.25

<b>DOCUMENT # N06000009205</b> 1. Entity Name WOODLAND ESTATES CO-OP, INC.					
Principal Place of Business 602 WOODLAND ESTATES AVE. RUSKIN, FL 33570			Mailing Address 602 WOODLAND ESTATES AVE. RUSKIN, FL 33570		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-5468510	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  POZGAY, MARTIN T ONE TREASURE LANE TREASURE ISLAND, FL 33706			7. Name and Address of New Registered Agent Name <u>NANCY L. PERRY</u> Street Address (P.O. Box Number is Not Acceptable) <u>5143 50th Ave West</u> City <u>Bradenton</u> FL Zip Code <u>34210</u>		
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 <u>Nancy L. Perry</u> <span style="float: right;">7-23-08</span> <small>Signature, typed or printed name of registered agent and where applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD DONNELLY, JOHN T 602 WOODLAND ESTATES AVE LOT 42 RUSKIN, FL 33570	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROOKS, RUSSELL V 602 WOODLAND ESTATES AVE. RUSKIN, FL 33570	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BYRON, MARCIA 602 WOODLAND ESTATES AVE LOT 32 RUSKIN, FL 33570	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STIEB, CHARLES 602 WOODLAND ESTATES AVE LOT 43 RUSKIN, FL 33570	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANTINONE, MAGGIE 602 WOODLAND ESTATES AVE LOT 21 RUSKIN, FL 33570	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD R.C. Motyl 602 Woodland Estates Ave Lot 53 Ruskin, FL 33570	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JoAnn DeWitt 602 Woodland Estates Ave Lot 6 Ruskin FL 33570	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Patricia Tonger 602 Woodland Estates Lot 39 Ruskin FL 33570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>JoAnn DeWitt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7-23-08 <small>Date</small>		813-645-7626 <small>Daytime Phone #</small>	