

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768917

Entity Name: WOODLAND ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1930 NW 19TH STREET
CRYSTAL RIVER, FL 34428**Current Mailing Address:**PO BOX 1603
CRYSTAL RIVER, FL 34423-1603 US**FEI Number:** 59-2625913**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**VOELZ, SIGNE
1930 NW 19TH STREET
CRYSTAL RIVER, FL 34428 US*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:** SIGNE VOELZ

01/13/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name WENTZELL, MARY
Address 2120 NW 16TH COURT
City-State-Zip: CRYSTAL RIVER FL 34428

Title DIRECTOR
Name HOLLIS, IRIS
Address 1920 NW 19TH STREET
City-State-Zip: CRYSTAL RIVER FL 34428

Title DIRECTOR
Name LIVINGSTON, JEN
Address 1931 NW 18TH STREET
City-State-Zip: CRYSTAL RIVER FL 34428

Title TREASURER
Name VOELZ, SIGNE L.
Address 2010 NW 13TH STREET1930 NW 19TH STREET
City-State-Zip: CRYSTAL RIVER FL 34428

Title PRESIDENT
Name VOELZ, TOM
Address 1930 NW 19TH STREET
City-State-Zip: CRYSTAL RIVER FL 34428

Title VP
Name HARGREAVES, GAIL
Address 2120 NW 16TH STREET
City-State-Zip: CRYSTAL RIVER FL 34428

Title VP
Name WASSEN, MARY
Address 2030 NW 19TH STREET
City-State-Zip: CRYSTAL RIVER FL 34428

Title DIRECTOR
Name HASTINGS, MINDI
Address 1514 NW 17TH CT.
City-State-Zip: CRYSTAL RIVER FL 34428

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I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SIGNE VOELZ

TREASURER

01/13/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROBINSON, ROB
Address 2130 NW 16TH STREET
City-State-Zip: CRYSTAL RIVER FL 34428

Title DIRECTOR
Name MESKER, RICH
Address PO BOX 1021
City-State-Zip: CRYSTAL RIVER FL 34423

Title DIRECTOR
Name MESKER, CHERYL
Address PO BOX 1021
City-State-Zip: CRYSTAL RIVER FL 34423

Title DIRECTOR
Name ROBINSON, LAURA
Address 2130 NW 16TH STREET
City-State-Zip: CRYSTAL RIVER FL 34428

Title DIRECTOR
Name CARSON, CAROL
Address 2111 NW 17TH STREET
City-State-Zip: CRYSTAL RIVER FL 34428