

**2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 768917

**Entity Name:** WOODLAND ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1791 NW 21ST CT  
CRYSTAL RIVER, FL 34428**Current Mailing Address:**PO BOX 1603  
CRYSTAL RIVER, FL 34423-1603 US**FEI Number:** 59-2625913**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GAUSE, SONYA  
1791 NW 21ST CT  
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:** SONYA GAUSE

10/27/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title OFFICER  
Name CUNNINGHAM , KAREN  
Address 2011 NW 15TH ST  
City-State-Zip: CRYSTAL RIVER FL 34428

Title TREASURER  
Name GAUSE, SONYA D  
Address 1791 NW 21ST CT  
City-State-Zip: CRYSTAL RIVER FL 34428

Title OFFICER  
Name OWEN, GINNY  
Address 1951 NW 15TH ST  
City-State-Zip: CRYSTAL RIVER FL 34428

Title OFFICER  
Name COBLE, KRISTIN  
Address 1611 NW 20TH AVE  
City-State-Zip: CRYSTAL RIVER FL 34428

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

Title OFFICER  
Name STRAWN, SHARON  
Address 1330 NW 19TH ST  
City-State-Zip: CRYSTAL RIVER FL 34428

Title OFFICER  
Name BUTLER, HANK  
Address 2110 17TH ST  
City-State-Zip: CRYSTAL RIVER FL 34428

**Continues on page 2**

*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:** SONYA GAUSE

TREASURER

10/27/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            HASTINGS, MINDI  
Address        1514 NW 17TH COURT  
City-State-Zip: CRYSTAL RIVER FL 34428

Title            2ND VP  
Name            MUNSON, TOM  
Address        1950 NW 19TH STREET  
City-State-Zip: CRYSTAL RIVER FL 34428

Title            SECRETARY  
Name            KOSTELNICK , GAIL  
Address        2021 NW 13TH ST  
City-State-Zip: CRYSTAL RIVER FL 34428

Title            OFFICER  
Name            PATRICK, JOHN  
Address        1931 NW 16TH STREET  
City-State-Zip: CRYSTAL RIVER FL 34428

Title            OFFICER  
Name            TAVAREZ, MIRIAM  
Address        1931 NW 16TH ST  
City-State-Zip: CRYSTAL RIVER FL 34428