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

**FILED**
**Apr 02, 2008 8:00 am**
**Secretary of State**
04-02-2008 90040 014 ****61.25

DOCUMENT # 718778

1. Entity Name

WOODLAND MOBILE HOME ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4119 WOODLAND CIR.<br>DELAND FL 32724 | 4119 WOODLAND CIRCLE<br>DELAND FL 32724 |

1st MOORE - CR2E037 (10/07)

| 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 59-0217165 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

HOGAN, ARLENEN M PRES
4179 WOODLAND CIR
DELAND FL 32724

**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: Arlene M. Hogan, President Arlene Hogan; Pres. 03/21/08
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

**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 D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HANSEN, ROSELLA<br>4131 WOODLAND CIR<br>DELAND FL 32724 | ☐ Delete | TITLE D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Carol Moore<br>191 Lake Mamie Rd.<br>DeLand, Fl. 32724<br>☐ Change ☒ Addition |
| TITLE D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WESTON, RONALD<br>4165 WOODLAND CIR<br>DELAND FL 32724 | ☐ Delete | TITLE D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Karen Goranson<br>291 Lake Mamie Rd.<br>DeLand, Fl. 32724<br>☐ Change ☒ Addition |
| TITLE D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BYERS, BEVERLY<br>4103 WOODLAND CIR<br>DELAND FL 32724 | ☐ Delete | TITLE D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Myrick Bourgeois<br>4145 Woodland Cir.<br>DeLand, Fl. 32727<br>☐ Change ☒ Addition |
| TITLE D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>STULLZ, LEROY<br>4125 WOODLANDS CIR<br>DELAND FL 32724 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HOGAN, FLOYD<br>4179 WOODLANDD CIR<br>DELAND FL 32724 | ☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WESTON, WILLIAM<br>23 ASH LANE<br>DELAND FL 32724 | ☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** Arlene M. Hogan, Pres. Arlene Hogan, Pres. 03/21/08 (386) 943-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #