

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718778

FILED
Jan 12, 2009
Secretary of State

Entity Name: WOODLAND MOBILE HOME ASSOCIATION, INC.

Current Principal Place of Business:

4119 WOODLAND CIR.
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

4119 WOODLAND CIRCLE
DELAND, FL 32724

New Mailing Address:

4119 WOODLAND CIR.
DELAND, FL 32724

FEI Number: 59-0217165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOGAN, ARLENEN M PRES
4179 WOODLAND CIR
DELAND, FL 32724 US

Name and Address of New Registered Agent:

NOVAK, DIANE M PRES
4127 WOODLAND CIRCLE
DELAND, FL 32724 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: DIANE M. NOVAK

01/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HANSEN, ROSELLA
Address: 4131 WOODLAND CIR
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: WESTON, RONALD
Address: 4165 WOODLAND CIR
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: BYERS, BEVERLY
Address: 4103 WOODLAND CIR
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: STULLZ, LEROY
Address: 4125 WOODLANDS CIR
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: MOORE, CAROL
Address: 191 LAKE MAMIE RD
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: GORANSON, KAREN
Address: 291 LAKE MAMIE RD
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DIANE M. NOVAK

PRES

01/12/2009

Electronic Signature of Signing Officer or Director

Date