

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718778

FILED  
Mar 29, 2011  
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 CIR.  
DELAND, FL 32724

**New Mailing Address:**

**FEI Number:** 59-0217165

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOVAK, DIANE M PRES  
4127 WOODLAND CIRCLE  
DELAND, FL 32724 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

Title: D  
Name: THOMAS, KATHLEEN  
Address: 4111 WOODLAND CIR  
City-St-Zip: DELAND, FL 32724

Title: D  
Name: STULTS, LEROY  
Address: 4125 WOODLANDS CIR  
City-St-Zip: DELAND, FL 32724

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

Title: D  
Name: GORANSON, KARIN  
Address: 291 LAKE MAMIE RD  
City-St-Zip: DELAND, FL 32724

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: DIANE M. NOVAK

PRES

03/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date