

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **743570** (4)

1. Corporation Name

**WOODRUN HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**8712 WALTHAM CT  
TALLAHASSEE FL 32311**

**2208 TURNBRIDGE CT  
TALLAHASSEE FL 32311  
US**

3. Date Incorporated or Qualified  
**07/14/1978**

3a. Date of Last Report  
**03/23/1995**

2. Principal Place of Business

2a. Mailing Address

21 **8804 Pembroke Ct**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

**Tallahassee FL**

29 City & State

24 Zip **32311** 25 Country **US**

29 Zip **32311** 30 Country **US**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, LOIS  
2208 TURNBRIDGE CT  
TALLAHASSEE FL 32311**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **DAVIS, RICHARD**  
STREET ADDRESS **2301 WINDERMERE DR.**  
CITY - ST - ZIP **TALLAHASSEE FL**

TITLE **VD** ☐ DELETE  
NAME **SIMMONS, LORI**  
STREET ADDRESS **2200 TURNBRIDGE CT.**  
CITY - ST - ZIP **TALLAHASSEE FL**

TITLE **SD** ☐ DELETE  
NAME **NICLAUS, MIRAM**  
STREET ADDRESS **8720 MANCHESTER CT**  
CITY - ST - ZIP **TALLAHASSEE FL**

TITLE **TD** ☐ DELETE  
NAME **WHITE, LOIS**  
STREET ADDRESS **2203 TURNBRIDGE CT**  
CITY - ST - ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **MICHAEL CHBAT**  
1.3 STREET ADDRESS **8804 Pembroke Ct**  
1.4 CITY - ST - ZIP **Tallahassee FL 32311**

2.1 TITLE **VD** ☒ Change ☐ Addition  
2.2 NAME **CHERYL CHBAT**  
2.3 STREET ADDRESS **8804 Pembroke Ct**  
2.4 CITY - ST - ZIP **Tallahassee FL 32311**

3.1 TITLE **SD** ☒ Change ☐ Addition  
3.2 NAME **CATHY DAVIS**  
3.3 STREET ADDRESS **2301 Windermere Dr**  
3.4 CITY - ST - ZIP **Tallahassee FL 32311**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Lois J. White** - **Lois J. White**

**3-18-96**

**921-7316**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)