

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

8804 PEMBROKE CT  
TALLAHASSEE FL 32311  
US

Mailing Address

2208 TURNBRIDGE CT  
TALLAHASSEE FL 32311-9427  
US3. Date Incorporated or Qualified  
07/14/19783a. Date of Last Report  
03/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 8436 OLDE POST RD  
Suite, Apt. #, etc.

27 City &amp; State

28 TALLAHASSEE, FL

Zip

Country

29

32311

30

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

\$8.75 Additional

6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WHITE, LOIS  
2208 TURNBRIDGE CT  
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name

LOTT, John

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

8436 OLDE POST RD

83

84 City

TALLAHASSEE

FL

85 Zip Code

32311

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

John Lott, John LOTT, TREASURER

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, RICHARD	
STREET ADDRESS	2301 WINDERMERE DR.	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, LORI	
STREET ADDRESS	2200 TURNBRIDGE CT.	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NICLAUS, MIRAM	
STREET ADDRESS	8720 MANCHESTER CT	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, LOIS	
STREET ADDRESS	2203 TURNBRIDGE CT	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHERYL CHBAT	
2.3 STREET ADDRESS	8804 PEMBROKE CT	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311	

3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John LOTT	
3.3 STREET ADDRESS	8436 OLDE POST RD	
3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

John Lott, John LOTT, TREASURER

Date

1/22/97

Daytime Phone # 0008347

(904) 663-8580

CP2E037 (9/96)