

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743570

FILED  
Jul 02, 2007  
Secretary of State

**Entity Name:** WOODRUN HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

8213 BRISTOL CT.  
TALLAHASSEE, FL 32311 US

**New Principal Place of Business:**

**Current Mailing Address:**

8213 BRISTOL CT.  
TALLAHASSEE, FL 32311 US

**New Mailing Address:**

**FEI Number:** 59-3577289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HOOD, PATRICIA  
8213 BRISTOL CT.  
TALLAHASSEE, FL 32311 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: TD ( ) Delete  
Name: HOOD, PATRICIA  
Address: 8213 BRISTOL CT  
City-St-Zip: TALLAHASSEE, FL 32311

Title: VPD ( ) Delete  
Name: STRUBBLE, LAWRENCE  
Address: 2161 PORTSMOUTH CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32311

Title: PD ( ) Delete  
Name: GREY, LEWIS  
Address: 8208 BRISTOL COURT  
City-St-Zip: TALLAHASSEE, FL 32311

**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:

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: PATRICIA HOOD

TD

07/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date