

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745401

FILED  
Apr 26, 2008  
Secretary of State

Entity Name: WOODRUN HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

**Current Principal Place of Business:**

9237 WOODRUN ROAD  
PENSACOLA, FL 32514 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15493  
PENSACOLA, FL 32514 US

**New Mailing Address:**

FEI Number: 59-1972924      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

INKEL, MAURICE  
9005 WOODRUN ROAD  
PENSACOLA, FL 32514 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: VD ( ) Delete  
Name: BOESCH, ELISE  
Address: 9030 WOODRUN ROAD  
City-St-Zip: PENSACOLA, FL 32514

Title: SD ( ) Delete  
Name: CARSKADDEN, DIANE  
Address: 9025 WOODRUN LN  
City-St-Zip: PENSACOLA, FL 32514

Title: TD ( ) Delete  
Name: MITROVICH, GERALD  
Address: 9237 WOODRUN RD  
City-St-Zip: PENSACOLA, FL 32514

Title: PD ( ) Delete  
Name: INKEL, MAURICE  
Address: 9005 WOODRUN RD  
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete  
Name: DAY, BOB  
Address: 9009 WOODRUN LANE  
City-St-Zip: PENSACOLA, FL 32514

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SD (X) Change ( ) Addition  
Name: DAY, SHARON  
Address: 9009 WOODRUN LANE  
City-St-Zip: PENSACOLA, FL 32514

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

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

Title: D (X) Change ( ) Addition  
Name: MOLENDIA, PAUL  
Address: 9150 WOODRUN ROAD  
City-St-Zip: PENSACOLA, FL 32514

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: GERALD MITROVICH

TD

04/26/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date