

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90038 025 ****61.25



DOCUMENT # 746320

1. Entity Name

WOODLAND VILLAS CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business

SEABOARDN ARBORS MANAGEMENT
 2189 CLEVELAND ST, STE 225
 CLEARWATER FL 33765
 US

Mailing Address

SEABOARDN ARBORS MANAGEMENT
 2189 CLEVELAND ST, STE 225
 CLEARWATER FL 33765
 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

59-1977450

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIGHTON, LENNARD A
 2189 CLEVELAND ST
 STE 225
 CLEARWATER FL 33765

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	O'KEEFE, BOB	
STREET ADDRESS	2465 NORTHSIDE DR #1502	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DOHERTY, JACK	
STREET ADDRESS	2465 NORTHSIDE DR, #150	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	POE, TRELIS	
STREET ADDRESS	2465 NORTHSIDE DR #208	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MACLEAN, JOHN (BOB)	
STREET ADDRESS	2465 NORTHSIDE DR. #403	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHANNYFELT, JIM	
STREET ADDRESS	2465 NORTHSIDE DR STE 1703	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANETTE FOULKS	
STREET ADDRESS	2465 NORTHSIDE DR. #1803	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *V John R. (Bob) MacLean Jr*

3/12/08