

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90088 003 \*\*\*\*61.25

**DOCUMENT # 767523**

1. Entity Name  
**WOODLAND SHORES TOWNHOMES ASSOCIATION, INC.**



Principal Place of Business  
**12815 HWY 98 WEST  
100  
MIRAMAR BEACH, FL 32550 US**

Mailing Address  
**P O BOX 1779  
DESTIN, FL 32540 US**

**40014324**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01172007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2245015**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SMITH, LORETTA W  
12815 HWY 98 W., STE 100  
MIRAMAR BEACH, FL 32541**

**7. Name and Address of New Registered Agent**

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

*Loretta W Smith*

**1-27-07**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 **VD** ☒ Delete  
NAME **SHY, GENE**  
STREET ADDRESS **241 ELLIS DR #14**  
CITY-ST-ZIP **MIRAMAR BEACH, FL 32550**

TITLE **D** ☐ Delete  
NAME **HAYES, WILLIAM**  
STREET ADDRESS **3901 NW 34TH., APT #34**  
CITY-ST-ZIP **OKLAHOMA CITY, OK 73122**

TITLE **T** ☐ Delete  
NAME **HOLBROOK, BOB**  
STREET ADDRESS **500 HARDAGE FARM DR, UNIT #21**  
CITY-ST-ZIP **MARIETTA, GA 30064**

TITLE **S** ☐ Delete  
NAME **TANNER, GAIL**  
STREET ADDRESS **492 SMYRNA POWDER SPRINGS RD**  
CITY-ST-ZIP **MARIETTA, GA 30060**

TITLE **P** ☐ Delete  
NAME **SNELL, JR, WILLIARD**  
STREET ADDRESS **81 PAYNE ST #16**  
CITY-ST-ZIP **MIRAMAR BEACH, FL 32550**

TITLE **D** ☐ Delete  
NAME **HODGES, PHIL**  
STREET ADDRESS **2727 RAINBOW DR**  
CITY-ST-ZIP **RAINBOW CITY, AL 35906**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Shy, Joann**  
STREET ADDRESS **241 Ellis Drive # 14**  
CITY-ST-ZIP **Miramamar Beach, FL 32550**

TITLE **President** ☐ Change ☒ Addition  
NAME **Jones, Robert**  
STREET ADDRESS **1829 Confederate Way**  
CITY-ST-ZIP **Westville, FL 32464**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **224 Libby Lane**  
CITY-ST-ZIP **Canton, GA 30115**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Director** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Vice President** ☒ Change ☐ 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 Chapter 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert Jones*

Date

**1/27/07**

Daytime Phone #

**837-1071**