## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 17, 2006 8:00 am Secretary of State

DOCU									
DOCUMENT # 768917  1. Entity Name WOODLAND ESTATES HOMEOWNERS ASSOCIATION, INC.					01-17-2006 90241 029 ****61.25				
Principal Place of Business Mailting Address P O BOX 1603 P O BOX 1603 CRYSTAL RIVER, FL 34423-8603 CRYSTAL RIVER, FL 3442			1423-8603		i jesmi rasia sma	1 (OM S 18724 (1041 1484		<b>DII Big</b> ii <b>Dib</b> i	(( <b>17) 61 (FS</b> )
2. Principal Place of Business 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #. etc.			01082006 C	hg-NP	CR2E037	(11/05)	
City & State		City & State			4. FEI Number 59-26259		<del></del>	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of S	itatus Desired		3.75 Add e Required	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New R	egistered Age	ent	
2021 NW	ICK, JOHN 13H ST. RIVER, FL 34428	,	Name Sireet Address (		P.O. Box Number is	Not Acceptable	9)		
			City				FL	Zip Code	· · · · · · · · · · · · · · · · · · ·
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office of	or register	red agent, or both, in	the State of Flo	orida. I am fam	niliar with,	and accept
SIGNATURE		. <u> </u>							
			E: Registered Agent segna	nurė recijurės	I when reinstating)		DATE		
	_	9. Election Car	E: Registered Agent agreement agreem	nute required	\$5.00 May Be Added to Fees	\$5000000000000000000000000000000000000	ake check p	CONTRACTOR AND	reconnections of the
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Car Trust Fund (	mpaign Financing Contribution.		\$5.00 May Be Added to Fees	Flor	ake check p lda Departm	ent of St	ate
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI	9. Election Car Trust Fund (	mpaign Financing		\$5.00 May Be	Flor	ake check p lda Departm	ent of St	ate
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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 althochment with an address, with all other like empowered.

Cornard 15 5000

CITY-ST-ZIP

SIGNATURE:

CRYSTAL RIVER, FL 34428

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-795-765