

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768917

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: WOODLAND ESTATES HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

P O BOX 1603  
CRYSTAL RIVER, FL 344238603

## New Principal Place of Business:

2021 NW 13TH ST  
CRYSTAL RIVER, FL 344238603

## Current Mailing Address:

P O BOX 1603  
CRYSTAL RIVER, FL 344238603

## New Mailing Address:

2021 NW 13TH ST  
CRYSTAL RIVER, FL 344238603

FEI Number: 59-2625913

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHIRMER, SUE  
1640 NW 19 ST  
CRYSTAL RIVER, FL 34428 US

## Name and Address of New Registered Agent:

GAIL, KOSELNICK  
2021 NW 13TH STREET  
CRYSTAL RIVER, FL 34428 US

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: GAIL KOSTELNICK

02/25/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SCHIRMER, SUE  
Address: 1640 NW 19 ST  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D ( ) Delete  
Name: SCHIRMER, CHUCK  
Address: 1640 NW 19ST  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: 2V ( ) Delete  
Name: HOLLIS, IRIS  
Address: 1920 NW 19TH ST  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: T ( ) Delete  
Name: FARLEY, LYNN  
Address: 1461 NW 19TH ST  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: 1V ( ) Delete  
Name: HASTINGS, MINDI  
Address: 1574 NW 17TH CT  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D ( ) Delete  
Name: BUTLER, HERMAN  
Address: 2910 NW 17TH STREET  
City-St-Zip: CRYSTAL RIVER, FL 34428

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KOSTELNICK, GAIL  
Address: 2021 NW 13 ST  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: S (X) Change ( ) Addition  
Name: HASTINGS, MINDI  
Address: 1514 NW 17ST  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: 2V (X) Change ( ) Addition  
Name: HARGREAVES, GAIL  
Address: 2120 NW 16TH STREET  
City-St-Zip: CRYSTAL RIVER, FL 34428

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

Title: 1V (X) Change ( ) Addition  
Name: PURCELL, BOB  
Address: 1420 NW 19TH ST  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D (X) Change ( ) Addition  
Name: SCHIRMER, SUE  
Address: 1640 NW 19TH ST  
City-St-Zip: CRYSTAL RIVER, FL 34428

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: LYNN FARLEY

TREA

02/25/2009

Electronic Signature of Signing Officer or Director

Date