

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90028 038 ****61.25

DOCUMENT # 769655

1. Entity Name
**THE WOODS RANCHING AND FARMING TRACTS
 PROPERTY OWNER'S ASSOCIATION, INC.**



Principal Place of Business
**5018 GREENBROOK LANE
 LAKELAND, FL 33811**

Mailing Address
**PO BOX 5284
 LAKELAND, FL 33807-5284 US**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0578665

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ELLIOTT, KAY F
 5018 GREENBROOK AVE.
 LAKELAND, FL 33811**

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 _____
 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, 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 NAME	PD SCHULTZ, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	1012 CREEKWOOD RUN	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE NAME	D THULEMAN, CINDY	<input type="checkbox"/> Delete
STREET ADDRESS	10916 PATHFINDER TR	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE NAME	SD SHEETS, MICKY	<input type="checkbox"/> Delete
STREET ADDRESS	10923 PATHFINDER TER	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE NAME	TD GLEASON, STEVE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	144 CREEKWOOD RUN	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE NAME	D SCHULTZ, MARY	<input type="checkbox"/> Delete
STREET ADDRESS	1012 CREEKWOOD RUN	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE NAME	DVP CAMPBELL, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	421 WILDLIFE TR	
CITY-ST-ZIP	LAKELAND, FL 33809	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DT Thielemann, Cindy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10916 Pathfinder Trail	
CITY-ST-ZIP	Lakeland, Fl 33809	
TITLE NAME	D Sheets, Mickey	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10923 Pathfinder Trail	
CITY-ST-ZIP	Lakeland, Fl 33809	
TITLE NAME	DS Luna, Rhonda	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10733 Hunters Trail	
CITY-ST-ZIP	Lakeland, Fl 33809	
TITLE NAME	D Thielemann, Joe	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10916 Pathfinder Trail	
CITY-ST-ZIP	Lakeland, Fl 33809	
TITLE NAME	D Echelberger, Jennifer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10950 Sportsman Trail	
CITY-ST-ZIP	Lakeland, Fl 33809	
TITLE NAME	D Dudley, Judy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10333 Hunters Trail	
CITY-ST-ZIP	Lakeland, Fl 33809	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in 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: Richard Schultz Date: 3/11/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Richard Schultz