2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000002630

1. Entity Name
WOODLAND MANOR ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1085 LUTZ, FL 33548-1085	P.O. BOX 1085 LUTZ, FL 33548-1085

01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2997155
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUGENSCHMIDT, ELLEN
116 W. 109TH AVE.
TAMPA, FL 33612

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PINGEL, RYAN
STREET ADDRESS	19602 WOODLAND MANOR PLACE
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	VP
NAME	BAMBERRY, DAVID
STREET ADDRESS	19621 WOODLAND MANOR PLACE
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	S
NAME	CHAMBERLAIN, EDWIN W III
STREET ADDRESS	19618 WOODLAND MANOR PLACE
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	T
NAME	HUGENSCHMIDT, ELLEN D
STREET ADDRESS	116 W 109TH AVE
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U01000389921
01/23/06-80004-019 61.25

DO NOT WRITE IN THIS SPACE

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: Ellen D. Hugenschmidt Ellen D. Hugenschmidt 1/12/06 813-930-2959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #