

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 28, 2008 8:00 am
Secretary of State**

04-28-2008 90356 038 ****61.25

DOCUMENT # N01000005103

1. Entity Name
WOODTRACE OF HERNANDO HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**33319 WOODTRACE DRIVE
RIDGE MANOR, FL 33523**

Mailing Address
**33319 WOODTRACE DRIVE
RIDGE MANOR, FL 33523**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04222008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3731987	Applied For <input type="checkbox"/>
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**STAROBA, DEBORAH
33319 WOODTRACE DRIVE
RIDGE MANOR, FL 33523**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPIVEY, LYNN 33341 WOODTRACE DRIVE RIDGE MANOR, FL 33523	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD STAROBA, DEBORAH 33319 WOODTRACE DRIVE RIDGE MANOR, FL 33523	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMOS, EMMA L 33305 WOODTRACE DRIVE RIDGE MANOR, FL 33523	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANAGAN, CLAY 33396 WOODTRACE DRIVE RIDGE MANOR, FL 33523	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUNDERBURK, JOAN 4456 SECRETARIAT RUN BROOKSVILLE, FL 34609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Deborah A Staroba* **Date:** *4-23-08* **Daytime Phone #:** *352-583-3778*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR