

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90172 049 ****61.25

DOCUMENT # N03162

1. Entity Name
**WOODLAND VILLAGES MASTER HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**2605 S.W. 33RD STREET
OCALA, FL 34474 US**

Mailing Address
**P. O. BOX 2495
OCALA, FL 34478 US**

40059776



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2421266

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIRKPATRICK, KENNETH
2605 S.W. 33RD STREET
OCALA, FL 34474**

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, 2007**

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 **D** ☒ Delete
NAME **MCKEE, WALT**
STREET ADDRESS **2310 SE 20 CIRCLE**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE **PD** ☐ Change ☒ Addition
NAME **Bontrager, Clay**
STREET ADDRESS **2205 SE 24th Avenue**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE **PD** ☒ Delete
NAME **DEJOHN, ROBERT**
STREET ADDRESS **2416 SE 23RD STREET**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE **VD** ☐ Change ☒ Addition
NAME **Crysler, Brandon**
STREET ADDRESS **2202 SE 24th Terr.**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE **SD** ☐ Delete
NAME **MISHKIN, MIKE**
STREET ADDRESS **2325 SE 19 CIRCLE**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE **TD** ☐ Change ☒ Addition
NAME **Clarke, Dennis**
STREET ADDRESS **2303 SE 18th Circle**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE **TD** ☐ Delete
NAME **MOLHAN, LOU**
STREET ADDRESS **2417 SE 18TH CIRCLE**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **BURNETT, ANN**
STREET ADDRESS **2208 SE 24TH TERR**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Dennis Clarke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Dennis Clarke**

2/19/07

Date

352/369-9881

Daytime Phone #