

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03162

FILED  
Apr 04, 2008  
Secretary of State

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

**Current Principal Place of Business:**

2180 WEST STATE ROAD 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST STATE ROAD 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Mailing Address:**

**FEI Number:** 59-2421266

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR.  
2180 WEST STATE ROAD 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**Name and Address of New Registered Agent:**

HART, JAMES W JR.  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044 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: JAMES W HART JR

04/04/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BONTRAGER, CLAY  
Address: 2205 SE 24TH AVE  
City-St-Zip: OCALA, FL 34471

Title: VD ( ) Delete  
Name: CRYSLER, BRANDON  
Address: 2202 SE 24TH TERR  
City-St-Zip: OCALA, FL 34471

Title: SD ( ) Delete  
Name: MISHKIN, MIKE  
Address: 2325 SE 19 CIRCLE  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: MOLHAN, LOU  
Address: 2417 SE 18TH CIRCLE  
City-St-Zip: OCALA, FL 34471

Title: TD ( ) Delete  
Name: CLARKE, DENNIS  
Address: 2303 SE 18TH CIR  
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: MISHKIN, MIKE  
Address: 2325 SE 19TH CIRCLE  
City-St-Zip: OCALA, FL 34471

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

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

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: CLAY BONTRAGER

PD

04/04/2008

Electronic Signature of Signing Officer or Director

Date