

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 07, 2008
Secretary of State

DOCUMENT# N03162

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:**1136 NE 14TH STREET
OCALA, FL 34470 US**Current Mailing Address:**2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044 US**New Mailing Address:**1136 NE 14TH ST
OCALA, FL 34470 US**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.
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US**Name and Address of New Registered Agent:**HERB, DANE
1136 NE 14TH ST
OCALA, FL 34470 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: DANE HERB

07/07/2008

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 19TH 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:** PD (X) Change () Addition
Name: HERB, DANE
Address: 1136 NE 14TH ST
City-St-Zip: OCALA, FL 34470**Title:** D (X) Change () Addition
Name: DEJOHN, BOB
Address: 2416 SE 23RD ST
City-St-Zip: OCALA, FL 34471**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VD (X) Change () Addition
Name: MOLHAN, LOU
Address: 2417 SE 18TH CIRCLE
City-St-Zip: OCALA, FL 34471**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: DANE HERB

PD

07/07/2008

Electronic Signature of Signing Officer or Director

Date