## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 29, 2007 8:00 am Secretary of State

DOCUMENT # N03544  1. Entity Name WOODLAND VILLAGES MANOR HOME ASSOCIATION, INC.					Secretary of State 01-29-2007 90087 003 ****61.25				
INC.				<u> </u>					
Principal Place 2414 SE 201 0CALA; FL 3		Mailing Address 2414 SE 20TH CIRCLE OCALA, FL 34471 US	•						
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2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address 2434 SE	20th C11	re				H CLEH BIAN DIE	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01172007 C	ng-NP	CR2E03	37 (12/06)	
City & State Ocala, FL		City & State Ocala F	L	4	4. FEI Number 59-2421269				oplied For ot Applicable
3 <sup>Zip</sup> 47	Country	Žin	Marion	5	. Certificate of St	atus Desired		\$8.75 Add	
<u> </u>	6. Name and Address of Current			7	. Name and Add	ress of New R	legistered /	Agent	
-BERRY, BEVERLY C			Name -	Kerate Pojani					
2414 SE 2 OGALA, FI	<del>0TH CIRCLE</del> L <del>- 34471</del>		Street Address 24		Box Number is I	20	Cic	rest	
			City 🔿					Zip Cod	e <u>.</u>
			$\cup$ $\cup$	CALI	<del>}</del>	<del> </del>	FL	Zip Cod	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its re	egistered office or	registered	agent, or both, in	the State of Fk	orida. I am 1	familiar with,	and accept
	Renote Poraxi	D.	1. O.		<del></del>		1-25	-03	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	MATE FO	JAN I	Treasu h <sub>i remetating)</sub>	i rer	DATE		
SIGNATURE .	<del>-7</del>	9. Election Camp	Pegistered Agent signatur paign Financing	re required who	n remetating)  5.00 May Be	M	lake check	payable t	0
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25	9. Election Camp Trust Fund Co	Pegistered Agent signatur paign Financing	\$!	5.00 May Be	M Flor	lake check	payable t	o tate
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TITLE	Filing Fee is \$61.25  Due by May 1, 2007  OFFICERS AND DIF  D  GRIFFIN, ANN	9. Election Camp <u>Trust</u> Fund Co	paign Financing ntribution.	\$!	5.00 May Be Ided to Fees	M Flor	lake check	c payable to	tate
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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:

MUNIO TIMO THY CUN MY SECTY NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/07

35 2-390 -Deytime Phone #