

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

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90001 023 ****61.25

DOCUMENT # **N03544**
1. Entity Name
Woodland Village Manor Home Association Inc
RAINTREE Manor Home Association Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #
Woodland Village Manor Home
Suite, Apt. #, etc.

3. Mailing Address
2434 SE 20th Circle
Suite, Apt. #, etc.

City & State
OCALA
Zip
FL Country

City & State
City & State
Zip
34471 Country

4. FEI Number
Applied For
☒ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **RENATE POJANI**
Street Address (P.O. Box Number is Not Acceptable)
2434 SE 20th Circle
City **OCALA** FL Zip Code **34471**

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 **RENATE POJANI** *Renate Pojani* **2/14/08**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended AR
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANN GRISFEN PRESIDENT 2413 SE 20th Circle OCALA FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THI CUNHA SECRETARY 2433 SE 20th Circle OCALA FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER RENATE POJANI 2434 SE 20th Circle Ocala FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **RENATE POJANI** *Renate Pojani* **2-14-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #