

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000002165

1. Entity Name
EAST WOODLAND ROAD HOME AND LAND OWNERS,
INC.



FILED
Jul 14, 2008 08:00 AM
Secretary of State

Principal Place of Business
119 E WOODLAND RD
SOUTHPORT, FL 32409

Mailing Address
P.O. BOX 8167
SOUTHPORT, FL 32409



07092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1595047

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MICHAELS, GORDON L
119 E WOODLAND RD
SOUTHPORT, FL 32405

**DO NOT WRITE
IN THIS SPACE**

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

GORDON L. MICHAELS
Gordon L. Michaels, Secy. 7/9/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
JONES, BILLY
607 E WOODLAND RD
SOUTHPORT, FL 32409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
KINARD, RACHEL
18 E WOODLAND RD
SOUTHPORT, FL 32409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
MICHAELS, GORDON
119 E WOODLAND RD
SOUTHPORT, FL 32409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
CULLEN, VAL
104 E WOODLAND RD
PANAMA CITY, FL 32409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GORDON L. MICHAELS, TRES
Gordon L. Michaels, Secy. 7/9/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-348-0646