

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90006 047 \*\*\*\*61.25

**DOCUMENT # N05599**

1. Entity Name

WOODLAND OAKS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

3538 PARKWOOD AVE.  
PENSACOLA FL 32504

Mailing Address

3538 PARKWOOD AVE.  
PENSACOLA FL 32504



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2473692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPRUCE, DOROTHY P  
3536 PARKWOOD AVE  
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name Susan Oser

Street Address (P.O. Box Number is Not Acceptable)

3524 Parkwood Ave

City Pensacola

FL

Zip Code  
32504

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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 ☒ Delete  
NAME FRENCH, NANCY  
STREET ADDRESS 3526 PARKWOOD AVE.  
CITY-ST-ZIP PENSACOLA FL 32504

TITLE ☐ Delete  
NAME HUDSON, JENNIFER  
STREET ADDRESS 3502 PARKWOOD LN  
CITY-ST-ZIP PENSACOLA FL 32504

TITLE ☒ Delete  
NAME MAL BOWEN, CURTIS  
STREET ADDRESS 3505 PARKWOOD AVE.  
CITY-ST-ZIP PENSACOLA FL 32504

TITLE ☒ Delete  
NAME S HOLWEGAR, NANCY  
STREET ADDRESS 3511 PARKWOOD AVE  
CITY-ST-ZIP PENSACOLA FL 32504

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME President  
STREET ADDRESS Susan Oser  
CITY-ST-ZIP 3524 Parkwood Ave  
Pensacola, FL 32504

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME MAL  
STREET ADDRESS Marsha Bourn  
CITY-ST-ZIP 3505 Parkwood Ave  
Pensacola, FL 32504

TITLE ☐ Change ☒ Addition  
NAME S  
STREET ADDRESS Shellea Gillespie  
CITY-ST-ZIP 3520 Parkwood Ave  
Pensacola, FL 32504

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*[Signature]*

2-10-08