

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003362

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** WOODFIELD CROSSING PROPERTY OWNERS' ASSOCIATION, NC.

**Current Principal Place of Business:**

2802 SE 19TH CT  
OCALA, FL 34471

**New Principal Place of Business:**

2800 SE 19TH CT  
OCALA, FL 34471

**Current Mailing Address:**

PO BOX 3098  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 20-4589554

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RANSOME, DAWSON  
2802 SE 19TH CT  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

RANSOME, DAWSON  
2800 SE 19TH CT  
OCALA, FL 34471 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: DAWSON RANSOME

04/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RANSOME, DAWSON  
Address: PO BOX 3098  
City-St-Zip: Ocala, FL 34478

Title: SD ( ) Delete  
Name: GREINER, AUGUST JR  
Address: PO BOX 3098  
City-St-Zip: Ocala, FL 34478

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD ( ) Change (X) Addition  
Name: CORINNE, DEVAULT R  
Address: PO BOX 3098  
City-St-Zip: Ocala, FL 34478

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: DAWSON RANSOME

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date