

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

DOCUMENT # N06000010449

1. Entity Name

WOODLAWN OAKS SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.



FILED

2008 SEP 12 AM 9:34

Principal Place of Business

2139 NE COACHMAN RD  
CLEARWATER FL 33765

Mailing Address

2139 NE COACHMAN RD  
CLEARWATER FL 33765

SECRETARY OF STATE  
TALLAHASSEE, FL 32304



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

2189 Cleveland Street

3. Mailing Address

2189 Cleveland St.

Suite, Apt. #, etc.

225

Suite, Apt. #, etc.

#225

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33765

Country

USA

Zip

33765

Country

USA

1st MOORE

CR2E037 (10/07)

4. FEI Number

20-5806394

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, GREGORY E  
2139 NE COACHMAN RD  
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name

Lennard A. Leighton

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

2189 Cleveland St # 225

City

Clearwater

FL

Zip Code

33765

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/1/08

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 PD  
NAME TIEMAN, L DUKE  
STREET ADDRESS 2139 NE COACHMAN RD  
CITY-ST-ZIP CLEARWATER FL 33765 ☒ Delete

TITLE SD  
NAME MCCONNELL, DARLENE  
STREET ADDRESS 2139 NE COACHMAN RD  
CITY-ST-ZIP CLEARWATER FL 33765 ☒ Delete

TITLE TD  
NAME FURNELL, LISA  
STREET ADDRESS 2139 NE COACHMAN RD  
CITY-ST-ZIP CLEARWATER FL 33765 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME Kwana Jenkins  
STREET ADDRESS 1134 Williamson Lane  
CITY-ST-ZIP Clearwater FL 33736 ☐ Change ☒ Addition

TITLE VD  
NAME Yarnell Lee  
STREET ADDRESS 1116 Woodlawn St  
CITY-ST-ZIP Clearwater FL 33736 ☐ Change ☒ Addition

TITLE STD  
NAME Leticia Christine  
STREET ADDRESS 1128 Williamson Lane  
CITY-ST-ZIP Clearwater FL 33736 ☐ Change ☒ Addition

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

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

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

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]*

9/1/08