2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004
Secretary of State

DOCUMENT# N06098

Entity Name: WOODLAND ACRES RETREAT PROPERTY OWNER'S ASSOCIA TION, INC.

Current Principal Place of Business:

C/O MIKE RICHARDS
115 REEDY CREEK DRIVE
FROSTPROOF, FL 33843 US

New Principal Place of Business:

Current Mailing Address:

C/O MIKE RICHARDS
115 REEDY CREEK DRIVE
FROSTPROOF, FL 33843 US

New Mailing Address:

FEI Number: 59-2555904 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHARDS, MIKE
115 REEDY CREEK DRIVE
FROSTPROOF, FL 33843 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: WILL, MCCLELLAND
Address: 101 REEDY CREEK DRIVE
City-St-Zip: FROSTPROOF, FL 33843

Title: PD ( ) Delete
Name: RICHARDS, MIKE
Address: 115 REEDY CREEK DRIVE
City-St-Zip: FROSTPROOF, FL 34844

Title: ST ( ) Delete
Name: JOYNER, KATIE
Address: 102 REEDY CREEK DRIVE
City-St-Zip: FROSTPROOF, FL 33843

Title: D ( ) Delete
Name: CURRY, JOHN
Address: 113 REEDY CREEK DRIVE
City-St-Zip: FROSTPROOF, FL 33843

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MIKE RICHARDS PD 03/16/2004
Electronic Signature of Signing Officer or Director Date