

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 03, 2007
Secretary of State**

DOCUMENT# N07741

Entity Name: WOODLAND HOMEOWNERS ORGANIZATION, INC.

Current Principal Place of Business:

5891 PATRIOT PASS
GROVELAND, FL 34736 US

New Principal Place of Business:

Current Mailing Address:

5891 PATRIOT PASS
GROVELAND, FL 34736 US

New Mailing Address:

FEI Number: 59-2530484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMIRAULT, LOIS
5891 PATRIOT PASS
GROVELAND, FL 34736 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: P () Delete
Name: PAYNE, SYLVESTOR
Address: 1191 PIONEER CIRCLE
City-St-Zip: GROVELAND, FL 34736

Title: S () Delete
Name: AMIRAULT, LOIS
Address: 5891 PATRIOT PASS
City-St-Zip: GROVELAND, FL 34736

Title: D () Delete
Name: LENCHOW, LEO
Address: 6014 LIBERTY DR.
City-St-Zip: GROVELAND, FL 34736

Title: VP () Delete
Name: HERBERT, RICHARD
Address: 1185 PIONEER CIRCLE
City-St-Zip: GROVELAND, FL 34736

Title: TD () Delete
Name: LARSEN, JUNE
Address: 6027 UNITY PASS
City-St-Zip: GROVELAND, FL 34736

Title: D () Delete
Name: WAYNE, FISHER
Address: 6030 UNITY PASS
City-St-Zip: GROVELAND, FL 34736

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:

Title: TD (X) Change () Addition
Name: NORRITO, JOSEPH
Address: 1120 PIONEER CIRCLE
City-St-Zip: GROVELAND, FL 34736

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 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: LOIS AMIRAULT

Electronic Signature of Signing Officer or Director

S

04/03/2007

Date