

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N14563

1. Entity Name
WOODHAVEN ESTATES HOME OWNERS, INC.



Principal Place of Business
**2122 JACARANDA WAY
SEBRING, FL 33872**

Mailing Address
**2103 BURNING TREE CIR
SEBRING, FL 33872**

DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2795476

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DENNIS, TERESA
2103 BURNING TREE CIR
SEBRING, FL 33872**

**DO NOT WRITE
IN THIS SPACE**

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

Teresa Dennis
Teresa Dennis

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

(NOTE: Registered Agent signature required when reinstating)

2-16-07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LARGE, WALT
2102 BANYON
SEBRING, FL 33872**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SEAMAN, WILLIAM
2109 TIMBER LANE
SEBRING, FL 33872**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SMALLY, SHIRLEY
2106 JACARANDA WAY
SEBRING, FL 33872**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SORGEN, JOHN
2323 BURNING TREE CIR
SEBRING, FL 33872**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STABILE, MARIE
2129 BANYAN WAY
SEBRING, FL 33872**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PULLEN, JANET
2110 JACARANDA WAY
SEBRING, FL 33872**

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03/01/07-80033-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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

Teresa Dennis
Teresa Dennis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-07

Date

(863) 471-3925

Daytime Phone