

**FILE NOW: FILING FEE AFTER MAY 4 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:58

DOCUMENT # **N32776 (9)**

1. Corporation Name

**WOODLAND HERITAGE HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

RT 6 BOX 8300  
CRAWFORDVILLE FL 32327  
US

RT 6 BOX 8300  
CRAWFORDVILLE FL 32327  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/13/1989** 3a. Date of Last Report **01/31/1994**

4. FEI Number **59-2854809** Applied For  Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUMPHREY, KATHY L.  
RT. 35 BOX 1505  
TALLAHASSEE FL 32310

81 Name **Randy Gardner**  
82 Street Address (P.O. Box Number is Not Acceptable) **Rt 6 Box 8267**  
83  
84 City **Crawfordville** FL 85 Zip Code **32327**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Randy Gardner Randy Gardner **5/31/95**  
(Signature typed or printed name of registered agent and tin # applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **ROBINSON, NORM**  
STREET ADDRESS **RT 6 BOX 8302**  
CITY - ST - ZIP **CRAWFORDVILLE FL**

11 TITLE **PD**  Change  Addition  
12 NAME **EUGENE A. GARDNER**  
13 STREET ADDRESS **50 URONUS AVE**  
14 CITY - ST - ZIP **Merritt Island Fl 32953**

TITLE **VD**  
NAME **LONG, ROBERT**  
STREET ADDRESS **RT 6 BOX 8265**  
CITY - ST - ZIP **CRAWFORDVILLE FL**

21 TITLE **VD**  Change  Addition  
22 NAME **OTTO BEAM**  
23 STREET ADDRESS **Rt 6 Box 8222**  
24 CITY - ST - ZIP **Crawfordville Fl 32327**

TITLE **SD**  
NAME **WILLIAMS, CINDY**  
STREET ADDRESS **RT. 6 BOX 8300**  
CITY - ST - ZIP **CRAWFORDVILLE FL 32327**

31 TITLE **SD**  Change  Addition  
32 NAME **Sandra m. Gardner**  
33 STREET ADDRESS **Rt 6 Box 8267**  
34 CITY - ST - ZIP **Crawfordville Fl 32327**

TITLE **DT**  
NAME **HUMPHREY, KATHY**  
STREET ADDRESS **RT. 35 BOX 1505**  
CITY - ST - ZIP **TALLAHASSEE FL 32310**

41 TITLE **DT**  Change  Addition  
42 NAME **Randy Gardner**  
43 STREET ADDRESS **Rt 6 Box 8268**  
44 CITY - ST - ZIP **Crawfordville Fl 32327**

TITLE **D**  
NAME **PRIDGEN, HAMP**  
STREET ADDRESS **RT. 6 BOX 8230**  
CITY - ST - ZIP **CRAWFORDVILLE FL 32327**

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra M. Gardner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/95** **877-7171**  
Date Daytime Phone #  
**926-2536**