

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N32776 (9)

1. Corporation Name

WOODLAND HERITAGE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

RT 6 BOX 8303
CRAWFORDVILLE FL 32327
US

RT 6 BOX 8303
CRAWFORDVILLE FL 32327
US

3. Date Incorporated or Qualified
06/13/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **Woodland Heritage H.O. Assoc.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **Woodland Heritage**
Suite, Apt. #, etc.

4. FEI Number
59-2854809

Applied For
Not Applicable

22 **30 Woodland Heritage Blvd.**
City & State

27 **30 Woodland Heritage Blvd.**
City & State

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

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

23 **CRAWFORDVILLE, FL.**
Zip

28 **CRAWFORDVILLE, FL.**
Zip

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

24 **32327**

25 **Wakulla**

29 **32327**

30 **Wakulla**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARDNER, RANDY
RT-6-BOX-8267
CRAWFORDVILLE FL 32327

81 Name **Colleen Robinson**
82 Street Address (P.O. Box Number is Not Acceptable)
87 FOREST LANE
83
84 City **CRAWFORDVILLE** FL 85 Zip Code **32327**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Colleen Robinson* Treasurer
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARDNER, EUGENE A | 1.2 NAME | KENNY CHAGANIS |
| STREET ADDRESS | 50 UIRANUS AVE | 1.3 STREET ADDRESS | 180 LIMESTONE RD. |
| CITY-ST-ZIP | MERRITT ISLAND FL | 1.4 CITY-ST-ZIP | CRAWFORDVILLE FL 32327 |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REAM, OTTO | 2.2 NAME | |
| STREET ADDRESS | RT 6 BOX 8222 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRAWFORDVILLE FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARDNER, SANDRA M | 3.2 NAME | |
| STREET ADDRESS | RT 6 BOX 8267 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRAWFORDVILLE FL | 3.4 CITY-ST-ZIP | |
| TITLE | DT <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARDNER, RANDY | 4.2 NAME | Colleen Robinson |
| STREET ADDRESS | RT 6 BOX 8268 | 4.3 STREET ADDRESS | 87 FOREST LANE |
| CITY-ST-ZIP | TALLAHASSEE FL | 4.4 CITY-ST-ZIP | CRAWFORDVILLE, FL 32327 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRIDGEN, HAMP | 5.2 NAME | |
| STREET ADDRESS | RT. 6 BOX 8230 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRAWFORDVILLE FL 32327 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Colleen Robinson* - Colleen Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (904) 926-4360
Daytime Phone #

CR2E037 (12/95)