

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$238.25).

FILED

Sep 17 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Muthumay Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32776 (9)

1. Corporation Name
WOODLAND HERITAGE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business WOODLAND HERITAGE H O ASSOCIATION 30 WOODLAND HERITAGE BLVD CRAWFORDVILLE FL 32327 US	Mailing Address WOODLAND HERITAGE 30 WOODLAND HERITAGE BLVD CRAWFORDVILLE FL 32327 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/13/1989	3a. Date of Last Report 02/26/1996
4. FEI Number 59-2854809	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**ROBINSON, COLLEEN
 87 FOREST LANE
 CRAWFORDVILLE FL 32327**

10. Name and Address of New Registered Agent

81 Name Colleen Robinson
82 Street Address (P.O. Box Number is Not Acceptable) 87 FOREST LN.
83
84 City CRAWFORDVILLE
85 State FL
86 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE P	<input checked="" type="checkbox"/> DELETE
NAME CHAGANIS, KENNY	
STREET ADDRESS 180 LIMESTONE RD	
CITY-ST-ZIP CRAWFORDVILLE FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME REAM, OTTO	
STREET ADDRESS RT 6 BOX 8222	
CITY-ST-ZIP CRAWFORDVILLE FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME GARDNER, SANDRA M	
STREET ADDRESS RT 6 BOX 8267	
CITY-ST-ZIP CRAWFORDVILLE FL	
TITLE T	<input type="checkbox"/> DELETE
NAME ROBINSON, COLLEEN	
STREET ADDRESS 87 FOREST LANE	
CITY-ST-ZIP CRAWFORDVILLE FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME PRIDGEN, HAMP	
STREET ADDRESS RT. 6 BOX 8230	
CITY-ST-ZIP CRAWFORDVILLE FL 32327	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME PRESIDENT	
1.3 STREET ADDRESS KATHERINE POPPELL	
1.4 CITY-ST-ZIP 357 Wildflower Ln. CRAWFORDVILLE, FL 32327	
2.1 TITLE V P O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Vice Pres.	
2.3 STREET ADDRESS Vickey Pusey	
2.4 CITY-ST-ZIP 149 Forest Ln. CRAWFORDVILLE, FL 32327	
3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Sec. 1	
3.3 STREET ADDRESS KAREN Beck	
3.4 CITY-ST-ZIP 87 Forest Ln. CRAWFORDVILLE, FL 32327	
4.1 TITLE T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Colleen Robinson	
4.3 STREET ADDRESS 87 FOREST LN.	
4.4 CITY-ST-ZIP CRAWFORDVILLE, FL 32327	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME CLINTON WELCH	
5.3 STREET ADDRESS P.O. Box 38	
5.4 CITY-ST-ZIP CRAWFORDVILLE, FL 32327	NA
6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME DAN Beck	
6.3 STREET ADDRESS 87 FOREST LN.	
6.4 CITY-ST-ZIP CRAWFORDVILLE, FL 32327	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Colleen Robinson

CR2E037 (4/97)