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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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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3. Date Incorporated or Qualified
06/13/1989

4. FEI Number 59-2854809	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	POPELL, KATHERINE	
STREET ADDRESS	257 WILD FLOWER LN	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PUSEY, VICKY	
STREET ADDRESS	149 FOREST LN.	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BECK, KAREN	
STREET ADDRESS	87 FOREST LN.	
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 type="checkbox"/> DELETE
NAME	WELCH, CLINTON	
STREET ADDRESS	P.O BOX 38 N/A	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECK, DAN	
STREET ADDRESS	87 FOREST LN.	
CITY-ST-ZIP	CRAWFORDVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ED SHAPER	
1.3 STREET ADDRESS	150 LIMESTONE LN.	
1.4 CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KATHERINE POPPELL	
2.3 STREET ADDRESS	257 WILD FLOWER LN.	
2.4 CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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.

SIGNATURE: Colleen Robinson Colleen Robinson 2-24-98 850-926-4360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 888888

CPRE037 (10/97)