

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 Mar 01, 1999 8:00 am
 Secretary of State

03-01-1999 90120 012 ****61.25

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DOCUMENT # N32776

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
1	26	06/13/1989
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
2	27	59-2854809
City & State	City & State	Applied For
3	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
25		\$8.75 Additional Fee Required
	29	6. Election Campaign Financing <input type="checkbox"/>
	30	Trust Fund Contribution
		\$5.00 May Be Added to Fees

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	FL
85 Zip Code	

I, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPER, ED	1.2 NAME	
STREET ADDRESS	150 LIMESTONE LN	1.3 STREET ADDRESS	
CITY-STATE-ZIP	CRAWFORDVILLE FL 32327	1.4 CITY-STATE-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPPELL, KATHERINE Colleen Robinson	2.2 NAME	
STREET ADDRESS	257 WILDFLOWER LN 87 Forest Lane	2.3 STREET ADDRESS	
CITY-STATE-ZIP	CRAWFORDVILLE FL 32327 Crawfordville FL 32327	2.4 CITY-STATE-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, KAREN 257 Wildflower Lane	3.2 NAME	
STREET ADDRESS	87 FOREST LN Crawfordville FL	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CRAWFORDVILLE FL 32327	3.4 CITY-STATE-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, COLLEEN- II	4.2 NAME	
STREET ADDRESS	87 FOREST LANE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CRAWFORDVILLE FL	4.4 CITY-STATE-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, CLINTON	5.2 NAME	
STREET ADDRESS	P.O. BOX 38 N/A	5.3 STREET ADDRESS	
CITY-STATE-ZIP	CRAWFORDVILLE FL	5.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, DAN	6.2 NAME	
STREET ADDRESS	87 FOREST LN.	6.3 STREET ADDRESS	
CITY-STATE-ZIP	CRAWFORDVILLE FL	6.4 CITY-STATE-ZIP	

I, 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, with all other like empowered.

SIGNATURE:

Katherine Poppel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/99
 Date

750/521-0700
 Daytime Phone #

CR2E037 (5/99)