

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90097 044 ****61.25

DOCUMENT # N32776

1. Entity Name

WOODLAND HERITAGE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

WOODLAND HERITAGE H O ASSOCIATION
 30 WOODLAND HERITAGE BLVD
 CRAWFORDVILLE FL 32327
 US

WOODLAND HERITAGE
 30 WOODLAND HERITAGE BLVD
 CRAWFORDVILLE FL 32327-0214
 US

00027557



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2854809

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, COLLEEN
87 FOREST LANE
CRAWFORDVILLE FL 32327

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	SHAPER, ED	150 LIMESTONE LN	CRAWFORDVILLE FL 32327	<input type="checkbox"/>	<input type="checkbox"/>
VPD	ROBINSON, COLLEEN	87 FOREST LANE	CRAWFORDVILLE FL 32327	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	POPPELL, KATHERINE	257 WILDFLOWER LANE	CRAWFORDVILLE FL 32327	<input type="checkbox"/>	<input type="checkbox"/>
D	BECK, DAN	87 FOREST LN.	CRAWFORDVILLE FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Vice Pres. / Director	Colleen Robinson	87 Forest Lane	Crawfordville FL 32327	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V. Pres / Director	Lisa Ginn	151 Limestone Lane	Crawfordville FL 32327	<input type="checkbox"/>	<input type="checkbox"/>
	Same			<input type="checkbox"/>	<input type="checkbox"/>
	Same			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/99)

12. 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 report or supplemental 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 and report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Katherine Poppel, Sec 2/28/00 850/521-0700