

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32776

1. Entity Name

WOODLAND HERITAGE HOME OWNERS ASSOCIATION, INC.

FILED

02 FEB 12 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2854809

Applied For
Not Applicable

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 **DEBRA THOMAS** LS
Street Address (P.O.-Box Number is Not/Acceptable)
117 FOREST LN
City **CRAWFORDVILLE** FL Zip Code **32327**

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 *Debra Thomas* **DEBRA THOMAS** **SECRETARY/TREASURER**
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	PD SHAPER, ED 150 LIMESTONE LN CRAWFORDVILLE FL 32327	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBINSON, COLLEEN 87 FOREST LANE CRAWFORDVILLE FL 32327	<input type="checkbox"/> Delete (T)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POPPELL, KATHERINE 257 WILDFLOWER LANE CRAWFORDVILLE FL 32327	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECK, DAN 87 FOREST LN. CRAWFORDVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GINN, LISA 151 LIMESTONE LANE CRAWFORDVILLE FL 32327	<input type="checkbox"/> Delete (T)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. ROBINSON, COLLEEN 87 FOREST LANE CRAW	<input type="checkbox"/> Change <input type="checkbox"/> Addition (T)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRES GINN, LISA 151 LIMESTONE LANE CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Change <input type="checkbox"/> Addition (T)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREASURER THOMAS, DEBI 117 FOREST LANE CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Change <input type="checkbox"/> Addition (T)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 this 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: *Debra Thomas* **DEBRA THOMAS** **SECRETARY/TREASURER** 2:6:01 850-691-0411

CR2E037 (10/00)