

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 19, 2007
Secretary of State**

DOCUMENT# N32776

Entity Name: WOODLAND HERITAGE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

30 WOODLAND HERITAGE BLVD.
CRAWFORVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

30 WOODLAND HERITAGE BLVD.
CRAWFORVILLE, FL 32327 US

New Mailing Address:

FEI Number: 59-2854809 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEPARD, LORRA L
65 FOREST LN
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BECK, KAREN
Address: 87 FOREST LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: V () Delete
Name: THOMAS, DEBI
Address: 117 FOREST LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: ST () Delete
Name: SHEPPARD, LORRA L
Address: 65 FOREST LN
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: SHEPARD, LORRA L
Address: 65 FOREST LN
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRA L SHEPARD

TRES

03/19/2007

Electronic Signature of Signing Officer or Director

Date