

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90025 030 ****61.25

DOCUMENT # N32776
 1. Entity Name
WOODLAND HERITAGE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
30 WOODLAND HERITAGE BLVD. CRAWFORDVILLE FL 32327 US



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State 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
SHEPARD, LORRA L
65 FOREST LN
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent
 Name **Mario Riviuccio**
 Street Address (P.O. Box Number is Not Acceptable) **147 Wildflower 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE DATE **3/7/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BECK, KAREN	
STREET ADDRESS	87 FOREST LANE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, DEBI	
STREET ADDRESS	117 FOREST LANE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SHEPARD, LORRA L	
STREET ADDRESS	65 FOREST LN	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tammy Ginn	
STREET ADDRESS	151 Limestone Ln	
CITY-ST-ZIP	Crawfordville FL 32327	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jill Mitchell	
STREET ADDRESS	3111-20 Mahan Dr	
CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vicki Strickland	
STREET ADDRESS	149 Forest Lane	
CITY-ST-ZIP	Crawfordville FL 32327	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mario Riviuccio	
STREET ADDRESS	147 Wildflower Lane	
CITY-ST-ZIP	Crawfordville FL 32327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: DATE: **3-7-08**