

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

30 WOODLAND HERITAGE BLVD.
CRAWFORDVILLE FL 32327
US

Mailing Address

30 WOODLAND HERITAGE BLVD.
CRAWFORDVILLE FL 32327
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

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

(NOTE: Registered Agent signature required when reinstating)

3/7/08

DATE

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
NAME BECK, KAREN ☒ Delete
STREET ADDRESS 87 FOREST LANE
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE V
NAME THOMAS, DEBI ☒ Delete
STREET ADDRESS 117 FOREST LANE
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ST
NAME SHEPARD, LORRA L ☒ Delete
STREET ADDRESS 65 FOREST LN
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☐ Change ☒ Addition
NAME Tammy Ginn
STREET ADDRESS 151 Limestone Ln
CITY-ST-ZIP Crawfordville FL 32327

TITLE Vice President ☐ Change ☒ Addition
NAME Jill Mitchell
STREET ADDRESS 3111-20 Mahan Dr
CITY-ST-ZIP Tallahassee FL 32308

TITLE Secretary ☐ Change ☒ Addition
NAME Vicki Strickland
STREET ADDRESS 149 Forest Lane
CITY-ST-ZIP Crawfordville FL 32327

TITLE Treasurer ☐ Change ☒ Addition
NAME Mario Riviuccio
STREET ADDRESS 147 Wildflower Lane
CITY-ST-ZIP Crawfordville FL 32327

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]

3-7-08