

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32776

FILED
Apr 30, 2009
Secretary of State

Entity Name: WOODLAND HERITAGE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

30 WOODLAND HERITAGE BLVD.
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

30 WOODLAND HERITAGE BLVD.
CRAWFORDVILLE, FL 32327 US

Current Mailing Address:

30 WOODLAND HERITAGE BLVD.
CRAWFORDVILLE, FL 32327 US

New Mailing Address:

30 WOODLAND HERITAGE BLVD.
CRAWFORDVILLE, FL 32327 US

FEI Number: 59-2854809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVIECCIO, MARIO
147 WILDFLOWER LN
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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

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: LORRA L. SHEPARD

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GINN, TAMMY
Address: 151 LIMESTONE LN
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP () Delete
Name: MITCHELL, JILL
Address: 3111-20 MAHAN DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: S () Delete
Name: STRICKLAND, VICKI
Address: 149 FOREST LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T () Delete
Name: RIVIECCIO, MARIO
Address: 147 WILDFLOWER LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ASKIN, THOMAS
Address: 50 WOODLAND HERITAGE BLVD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP (X) Change () Addition
Name: WHITE, ARTHUR C
Address: 167 WOODLAND HERITAGE BLVD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S (X) Change () Addition
Name: THORNTON, LINDA
Address: P O BOX 623
City-St-Zip: WOODVILLE, FL 32362

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

I hereby certify that the information supplied with this filing does not qualify 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

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date