

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32776

FILED  
Feb 16, 2010  
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:**

**Current Mailing Address:**

30 WOODLAND HERITAGE BLVD.  
CRAWFORDVILLE, 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 LANE  
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  
Name: ASKIN, THOMAS  
Address: 50 WOODLAND HERITAGE BLVD  
City-St-Zip: CRAWFORDVILLE, FL 32327

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

Title: S  
Name: THORNTON, LINDA  
Address: P O BOX 623  
City-St-Zip: WOODVILLE, FL 32362

Title: T  
Name: SHEPARD, LORRA  
Address: 65 FOREST LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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 all other like empowered.

SIGNATURE: LORRA L SHEPARD

T

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date