

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

0087120

DOCUMENT # N32776

1. Entity Name

WOODLAND HERITAGE HOME OWNERS ASSOCIATION, INC.



02-27-2003 90132 012 ****61.25

Principal Place of Business

WOODLAND HERITAGE H O ASSOCIATION
30 WOODLAND HERITAGE BLVD
CRAWFORDVILLE FL 32327
US

Mailing Address

WOODLAND HERITAGE
30 WOODLAND HERITAGE BLVD
CRAWFORDVILLE FL 32327
US

2. Principal Place of Business

30 WOODLAND HERITAGE BLVD

3. Mailing Address

SAME



CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CRAWFORDVILLE, FL

City & State

SAME

4. FEI Number 59-2854809

Applied For

Not Applicable

Zip

32327

Country

USA

Zip

SAME

Country

SAME

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, DEBRA
117 FOREST LANE
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBINSON, COLLEEN	
STREET ADDRESS	87 FOREST LANE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GINN, LISA	
STREET ADDRESS	151 LIMESTONE LANE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	STD	<input type="checkbox"/> Delete
NAME	THOMAS, DEBI	
STREET ADDRESS	117 FOREST LANE	
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		

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		
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 exemption stated in Section 119.07(3)(l), 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:

Debra Thomas

DEBRA THOMAS

2/26/03

(850) 681-0411

CR2E037 (10/02)