


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90008 028 ****61.25

DOCUMENT # N95000004213					
1. Entity Name WOODLAND ESTATES HOME AND PROPERTY OWNER'S ASSOCIATION, INC.					
Principal Place of Business P O BOX 511954 PUNTA GORDA, FL 33951-1954 US			Mailing Address 100 SULLIVAN ST., #112 PUNTA GORDA, FL 33951-1954 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	4. FEI Number 65-0592715	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OAKS, DAVID K ESQ. 252 WEST MARION AVENUE PUNTA GORDA, FL 33950			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 SD	NAME ROGERS, PAT	<input checked="" type="checkbox"/> Delete	TITLE SD	NAME PETE HERBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 25111 HARBORSIDE BLVD	PUNTA GORDA, FL 33955		STREET ADDRESS 25200 ROLAND LANE	PUNTA GORDA FL 33955	
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE TD	NAME CUBBAGE, JAMES	<input checked="" type="checkbox"/> Delete	TITLE TD	NAME RICHARD SYMON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 25121 ROLAD LANE	PUNTA GORDA, FL 33955		STREET ADDRESS 25121 HARBORSIDE BLVD	PUNTA GORDA FL 33955	
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE VPD	NAME BARROWS, FRED	<input type="checkbox"/> Delete	TITLE VPD	NAME George Palmer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 25131 ROLAND LANE	PUNTA GORDA, FL 33955		STREET ADDRESS 25241 ROLAND LANE	PUNTA GORDA FL 33955	
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE PD	NAME GIORGIOS, JOSEPH	<input checked="" type="checkbox"/> Delete	TITLE PD	NAME FRED MEYER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 25200 HARBORSIDE BLVD	PUNTA GORDA, FL 33955		STREET ADDRESS 25376 ROLAND LANE	PUNTA GORDA FL 33955	
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE 	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Richard F. Symon</i>			3/20/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		