


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90072 028 \*\*\*\*61.25

<b>DOCUMENT # N95000004213</b>					
<b>1. Entity Name</b> WOODLAND ESTATES HOME AND PROPERTY OWNER'S ASSOCIATION, INC.					
<b>Principal Place of Business</b> P O BOX 511954 PUNTA GORDA, FL 33951-1954 US			<b>Mailing Address</b> 100 SULLIVAN ST., #112 PUNTA GORDA, FL 33951-1954 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 23241 Harborside Blvd		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> PUNTA GORDA FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0592715	
<b>Zip</b> 33950		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> OAKS, DAVID K ESQ. 252 WEST MARION AVENUE PUNTA GORDA, FL 33950			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> SD <b>NAME</b> NERBER, PETE <b>STREET ADDRESS</b> 25200 ROLAND LANE <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete		<b>TITLE</b> HERBER, PETE <b>NAME</b> SYMON, RICHARD <b>STREET ADDRESS</b> FRED MEYER <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> SIMON, RICHARD <b>STREET ADDRESS</b> 25151 HARBORSIDE BLVD <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> BARRETT, JANET <b>NAME</b> 25200 ROLAND LN <b>STREET ADDRESS</b> PUNTA GORDA, FL 33955 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> BARROWS, FRED <b>STREET ADDRESS</b> 25131 ROLAND LANE <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> MEYER, FRED <b>STREET ADDRESS</b> 25270 ROLAND LANE <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> PALMER, GEORGE <b>STREET ADDRESS</b> 25241 ROLAND LN <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SYMON, RICHARD <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Robert F. Symon Pres.</i>			<b>3/11/08</b>		<b>833-1010</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

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