


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90375 008 ****61.25

DOCUMENT # N96000001680 1. Entity Name WOODLAND HOLLOW ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 14441 BALD EAGLE FORT MYERS, FL 33912 US			Mailing Address 14441 BALD EAGLE FORT MYERS, FL 33912 US		
2. Principal Place of Business - No P.O. Box # 14431 BALD EAGLE DRIVE		3. Mailing Address 14431 BALD EAGLE DRIVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State FORT MYERS, FL		City & State FORT MYERS, FL		4. FEI Number 65-0689049	
Zip 33912		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEVINS, DEBRA 14441 BALD EAGLE DR FORT MYERS, FL 33912		7. Name and Address of New Registered Agent Name MALIVA, ROBERT Street Address (P.O. Box Number is Not Acceptable) 14431 BALD EAGLE DRIVE City FORT MYERS FL Zip Code 33912			
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 <u><i>Robert Maliva</i></u> (Robert Maliva) 3/6/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 NAME STREET ADDRESS CITY-ST-ZIP	VPS DICKEY, PATRICIA 14411 BALD EAGLE DR FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DICKEY, STEVEN 14411 BALD EAGLE DR FORT MYERS, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEVINS, DEBRA 14411 BALD EAGLE DR FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALIVA, ROBERT 14431 BALD EAGLE DR FORT MYERS, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIDGEWAY, WILLIAM 14441 BALD EAGLE DR. FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAPLAN, AYTERIN 14420 BALD EAGLE DR FORT MYERS, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Robert Maliva</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/6/2007 (239) 464-9996 <small>Date Daytime Phone #</small>		