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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # N9600006197 (5)

FILED
Jan 22 1998 8:00am
Secretary of State

WOODRUFF ACRES HOMEOWNERS ASSOCIATION, INC.					
Principal Pla	ce of Business	Mailing Address			! 109134F1 E10 16118 DIES DD13 ED111 BD15 DE311 BB110 B1561 1816 1816 1861 1881
ROUTE 2. BOX 175 / PINE LEVEL CHURCH ROAD ROUTE 2. BOX 175 / PINE JAY FL 32565) PINE LEVEL	CHURCH ROAD	3. Date Incorporated or Qualified 12/05/1996 4. FEI Number 59-3470228 Applied For
<u> </u>	Diagonal Dunings	l no 14 West Address			Not Applicable
<u>├-</u> , '''			2a. Mailing Address		5. Certificate of Status Desired
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22		27			Trust Fund Contribution
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
23	l Country	28	1 0		☐ Yes ☐ No
Zip	Country	Zip	30	ountry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9, Name and Address of Currer		30		10. Name and Address of New Registered Agent
				81 Name	
WOOD	RUFF, H.T. JR.			82 Street Ac	idress (P.O. Box Number is Not Acceptable)
ROUTE 2, BOX 175 PINE LEVEL CHURCH ROAD					dross (1, 10, 20x Herries) to 10x x 800 plants
				83	
JAY FL	. 32565			84 City	85 Zip Code
77 0	1 Cartina 617 050	00 and 617 1500. Elevida	Ctotutos the	should named or	FL 39 219 Code
office or	registered agent, or both, in the State	of Florida, Such change	e was authoriz	above-named co ed by the corpo	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
		ations of, Section 617.05	503, Florida St	atutes.	·• ·
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable.	(NOTE: Register	red Agent signature re-	gulred when reinstating) DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELE	ETE 1.1	TITLE	Change Addition
NAME	WOODRUFF, H.T. JR.		1.2	NAME	
STREET ADDRESS	ROUTE 2, BOX 175 PINELEV	EL CHURCH RD.	1.3	STREET ADDRESS	
CITY-ST-ZIP	JAY FL 32565		18	DIRECT REDUCES	
TITLE				CITY-ST-ZIP	
	D	☐ DELE	ETE 2.1	CITY-ST-ZIP TITLE	☐ Change ☐ Addition
NAME	WOODRUFF, GINGER	_	ETE 2.1 2.2	CITY-ST-ZIP TITLE NAME	L1 Change L Addition
	WOODRUFF, GINGER ROUTE 2, BOX 175 PINELEV	_	ETE 2.1 2.2 2.3	CITY-ST-ZIP TITLE NAME STREET ADDRESS	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	WOODRUFF, GINGER ROUTE 2, BOX 175 PINELEV JAY FL 32565	EL CHURCH RD.	ETE 2.1 2.2 2.3 2.4	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	WOODRUFF, GINGER ROUTE 2, BOX 175 PINELEV JAY FL 32565	_	2.1 2.2 2.3 2.4 ETE 3.1	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WOODRUFF, GINGER ROUTE 2, BOX 175 PINELEV JAY FL 32565 D WOODRUFF, TOM	EL CHURCH RD.	2.1 2.2 2.3 2.4 ETE 3.1 3.2	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WOODRUFF, GINGER ROUTE 2, BOX 175 PINELEV JAY FL 32565 D WOODRUFF, TOM 1950 ROSWELL RD., APT. 14	EL CHURCH RD.	2.1 2.2 2.3 2.4 3.1 3.2 3.3	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 27 SANCTUME CEQUIRE

1-9-98