

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90017 017 ****61.25

DOCUMENT # N97000003143

1. Entity Name
WOODLAND GLEN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
P.O. BOX 605
FAIRFIELD, FL 32634-0605

Mailing Address
P.O. BOX 605
FAIRFIELD, FL 32634-0605

54037734



04162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3486495	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BAXLA JEFFERY E
13030 N.W. 171 PLACE
REDDICK, FL 32686

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	VICTOR, BUEHLER
STREET ADDRESS	16535 NW 126TH CT
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	V
NAME	MCNEIL, SUSAN
STREET ADDRESS	16945 NW 128TH TERRACE
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	V
NAME	CHANDLER, CHARLES
STREET ADDRESS	12305 NW 168TH PLACE
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	P
NAME	BAXLA, JEFFERY
STREET ADDRESS	13030 NW 131ST COURT
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	V
NAME	BAST, ROBERT
STREET ADDRESS	12130 NW 168TH PLACE
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	V
NAME	ROGERS, BEN
STREET ADDRESS	PO BOX 118
CITY-ST-ZIP	FAIRFIELD, FL 326341118

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

Victor Buehler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-2004

Date

(352)

264-8188

Daytime Phone #