

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90101 012 ****70.00

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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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3486495

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **VICTOR, BUEHLER**
STREET ADDRESS **16535 NW 126TH CT**
CITY-ST-ZIP **REDDICK, FL 32686**

TITLE **V** ☒ Delete
NAME **MCNEIL, SUSAN**
STREET ADDRESS **16945 NW 128TH TERRACE**
CITY-ST-ZIP **REDDICK, FL 32686**

TITLE **V** ☐ Delete
NAME **CHANDLER, CHARLES**
STREET ADDRESS **12305 NW 168TH PLACE**
CITY-ST-ZIP **REDDICK, FL 32686**

TITLE **P** ☐ Delete
NAME **BAXLA, JEFFERY**
STREET ADDRESS **13030 NW 131ST COURT**
CITY-ST-ZIP **REDDICK, FL 32686**

TITLE **V** ☐ Delete
NAME **BAST, ROBERT**
STREET ADDRESS **12130 NW 168TH PLACE**
CITY-ST-ZIP **REDDICK, FL 32686**

TITLE **V** ☐ Delete
NAME **ROGERS, BEN**
STREET ADDRESS **PO BOX 118**
CITY-ST-ZIP **FAIRFIELD, FL 326341118**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **TREASURER**
STREET ADDRESS **Linda Bosnjak**
CITY-ST-ZIP **12397 NW 168 PL**

TITLE ☐ Change ☐ Addition
NAME **REDDICK FL 32686**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Victor Buehler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06 (352) 264-8188

Date

Daytime Phone #