


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004808 (8)
1. Corporation Name
WOODLAND ESTATES HOMEOWNERS, INC.



Principal Place of Business 602 WOODLAND ESTATES AVE RUSKIN FL 33570	Mailing Address 602 WOODLAND ESTATES AVE RUSKIN FL 33570
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3. Date Incorporated or Qualified 08/25/1997
4. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 602 Woodland Est. Ave	2a. Mailing Address 28 602 Woodland Est. Ave
22 Suite, Apt. #, etc.	27 --
23 City & State Ruskin, FL	28 City & State Ruskin, FL
24 Zip 33570	25 Country Hillsborough
26 Country Hillsborough	30 Zip 33570
27 Country Hillsborough	31 Zip 33570

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**KNOTT, JAMES E
602 WOODLAND ESTATES AVE, LOT #19
RUSKIN FL 33570**

10. Name and Address of New Registered Agent

81 Name MARY LOU LEADERS
82 Street Address (P.O. Box Number is Not Acceptable) 602 Woodland Estates Ave., Lot 10
83
84 City Ruskin
85 State FL
86 Zip Code 33570

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE Mary Lou Leaders **2-5-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	P/D Edmund Law
STREET ADDRESS		1.3 STREET ADDRESS	602 woodland estates ave Lot 46
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Ruskin, Florida 33570
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	V/D Carolyn Gingrich
STREET ADDRESS		2.3 STREET ADDRESS	602 woodland estates ave Lot 13
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Ruskin, Florida 33570
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	S/T/D Rose Eakins
STREET ADDRESS		3.3 STREET ADDRESS	602 woodland estates ave Lot 23
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Ruskin, Florida 33570
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	D Robert Duryea
STREET ADDRESS		4.3 STREET ADDRESS	602 woodland estates ave Lot 28
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Ruskin, Florida 33570
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	D Richard Hutton
STREET ADDRESS		5.3 STREET ADDRESS	602 Woodland Estates Ave Lot 52
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Ruskin, Florida 33570
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Mary Lou Leaders
STREET ADDRESS		6.3 STREET ADDRESS	602 Woodland Estates Ave Lot 10
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Ruskin, Florida 33570

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: Rose Eakins **Rose Eakins 2/3/98 813-641-9330**

CR2E037 (10/97)