


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90048 010 ****61.25

DOCUMENT # N97000004808
1. Entity Name
WOODLAND ESTATES HOMEOWNERS, INC.



Principal Place of Business Mailing Address
602 WOODLAND ESTATES AVE **602 WOODLAND ESTATES AVE**
LOT 23 **LOT 23**
RUSKIN FL 33570 **RUSKIN FL 33570**

2. Principal Place of Business 3. Mailing Address
602 WOODLAND ESTATES AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
RUSKIN

Zip Country Zip Country
33570 **USA**

4. FEI Number **59-3491707** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
GINGRICH, CAROLYN
602 WOODLAND ESTATES AVE
LOT 13
RUSKIN FL 33570

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 NAME STREET ADDRESS CITY - ST - ZIP	PD DONNELLY, TOM 602 WOODLAND ESTATES #42 RUSKIN FL 33570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BROOKS, RUSS 602 WOODLAND ESTATES #10 RUSKIN FL 33570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD EAKINS, ROSE 602 WOODLAND ESTATES AVE., #23 RUSKIN FL 33570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GRUBER, HILDA 602 WOODLAND ESTATES AVE., 49 RUSKIN FL 33570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAW, EDMUNO 602 WOODLAND ESTATES AVE #46 RUSKIN FL 33570 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CROWE, MARY E 602 WOODLAND ESTATES AVE #51 RUSKIN FL 33570 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trustee empowered to execute this report a changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rose Eakins **ROSE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARBARA RAND 602 WOODLAND ESTATES AVE #39 RUSKIN FL 33570 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GERALD PRICE 602 WOODLAND ESTATES AVE #37 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add