

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90053 020 ****61.25

DOCUMENT # N97000004808

1. Entity Name
WOODLAND ESTATES HOMEOWNERS, INC.



Principal Place of Business
**602 WOODLAND ESTATES AVE.
RUSKIN, FL 33570**

Mailing Address
**602 WOODLAND ESTATES AVE
LOT 23
RUSKIN, FL 33570**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3491707

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GINGRICH, CAROLYN
602 WOODLAND ESTATES AVE
LOT 13
RUSKIN, FL 33570**

**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, 2005**

check # 0396

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONNELLY, TOM 602 WOODLAND ESTATES #42 RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROOKS, RUSS 602 WOODLAND ESTATES #10 RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EAKINS, ROSE 602 WOODLAND ESTATES AVE., #23 RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRUBER, HILDA 602 WOODLAND ESTATES AVE., 49 RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, WILDA 602 WOODLAND ESTATES AVE., #40 RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROWE, MARY E 602 WOODLAND ESTATES AVE #51 RUSKIN, FL 33570

**DO NOT WRITE
IN THIS SPACE**

Title **D**
Name **Rand, Barbara**
Street Address **602 Woodland Est. Ave. #39**
City-ST-Zip **Ruskin FL 33570**

I do not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director who execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if other like empowered.

ROSE EAKINS
NAME OF SIGNING OFFICER OR DIRECTOR

1-15-05 813-641-9330

Date Daytime Phone #

Title **D**
Name **Harris, Helen**
Street Address **602 Woodland Est. Ave #25**
City-St-Zip **Ruskin, FL 33570**