


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90013 040 ****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**

602 Woodland Estates Ave.



2. Principal Place of Business - No P.O. Box #
lot 20

3. Mailing Address
lot 20

State, Apt. #, etc.
RUSKIN FL.

01062008 Chg-NP CR2E037 (12/06)

City & State
RUSKIN FL.

City & State
RUSKIN FL.

Zip
33570

Country
US

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

~~CINORICH, CAROLYN~~
Deborah Melvin
602 WOODLAND ESTATES AVE
LOT 13
RUSKIN, FL 33570

*602 Woodland Estates Ave.
 lot 20 RUSKIN FL 33570*

7. Name and Address of New Registered Agent

Name
Deborah Melvin

Street Address (P.O. Box Numbers Not Acceptable)
602 WOODLAND ESTATES AVE.

lot 20

City
RUSKIN

State
FL

Zip Code
33570

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 *Deborah Melvin*

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, 2008

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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROOKS, RUSS 602 WOODLAND ESTATES #10 RUSKIN, FL 33570	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EAKINS, ROSE 602 WOODLAND ESTATES AVE., #23 RUSKIN, FL 33570	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRUBER, HILDA 602 WOODLAND ESTATES AVE., 49 RUSKIN, FL 33570	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, WILDA 602 WOODLAND ESTATES AVE., #40 RUSKIN, FL 33570	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, HELEN 602 WOODLAND ESTATES AVE, # 25 RUSKIN, FL 33570	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. MARY FABER 602 WOODLAND ESTATES AVE LOT 48 RUSKIN FL 33570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD. Kate Smith 602 WOODLAND ESTATES AVE. lot 28 RUSKIN FL 33570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIT Debbie melvin 602 WOODLAND ESTATES AVE lot 20 RUSKIN FL 33570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Virginia Pepkowski 602 WOODLAND ESTATES AVE. lot 34	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Durt Townsend 602 WOODLAND ESTATES AVE. Lot 30 RUSKIN FLA. 33570	<input checked="" type="checkbox"/> Change <input 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 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: *Deborah Melvin* **2-4-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #