

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT-(UBR)**


FILED
Apr 10, 2003 8:00 am
Secretary of State

3/

03-28-2003 90067 017 ****61.25

DOCUMENT # N97000004808

1. Entity Name
WOODLAND ESTATES HOMEOWNERS, INC.



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

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

4. FEI Number **59-3491707**

Applied For
 Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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 PO	<input type="checkbox"/> Delete
NAME DONNELLY, TOM	
STREET ADDRESS 602 WOODLAND ESTATES #42	
CITY-ST-ZIP RUSKIN FL 33570	
TITLE VD	<input type="checkbox"/> Delete
NAME BROOKS, RUSS	
STREET ADDRESS 602 WOODLAND ESTATES #10	
CITY-ST-ZIP RUSKIN FL 33570	
TITLE SD	<input type="checkbox"/> Delete
NAME EAKINS, ROSE	
STREET ADDRESS 602 WOODLAND ESTATES AVE., #23	
CITY-ST-ZIP RUSKIN FL 33570	
TITLE TD	<input type="checkbox"/> Delete
NAME GRUBER, HILDA	
STREET ADDRESS 602 WOODLAND ESTATES AVE., 49	
CITY-ST-ZIP RUSKIN FL 33570	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME GARRETT, WILDA	
STREET ADDRESS 602 WOODLAND ESTATES AVE., #45	
CITY-ST-ZIP RUSKIN FL 33570	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME MANTIONE, MAGGIE	
STREET ADDRESS 602 WOODLAND ESTATES #21	
CITY-ST-ZIP RUSKIN FL 33570	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LAW, EDMUND	
STREET ADDRESS 602 WOODLAND EST. AV #46	
CITY-ST-ZIP RUSKIN FL 33570	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CROWE, MARY E	
STREET ADDRESS 602 WOODLAND EST. AV #51	
CITY-ST-ZIP RUSKIN FL 33570	

12. 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 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: Rose Eakins **ROSE EAKINS** 3/5/03 813-641-9330

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

CR2E037 (10/02)