

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90325 017 \*\*\*\*61.25

<b>DOCUMENT # N97000005443</b> 1. Entity Name <b>WOODLAND ESTATES OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2412 SE 23RD ST C/O A. JOHNSON OCALA, FL 34471</b>			Mailing Address <b>2412 SE 23RD ST C/O A. JOHNSON OCALA, FL 34471</b>		
2. Principal Place of Business - No P.O. Box # <b>2416 SE 23<sup>rd</sup> Place</b> Suite, Apt. #, etc. <b>c/o David B. Lee</b> City & State <b>Ocala, FL</b> Zip <b>34471</b>		3. Mailing Address <b>2416 SE 23<sup>rd</sup> Place</b> Suite, Apt. #, etc. <b>c/o David B. Lee</b> City & State <b>Ocala, FL</b> Zip <b>34471</b>		4. FEI Number <b>59-3650511</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>JOHNSON, ARTHUR W 2412 SE 23RD ST OCALA, FL 34471</b>			7. Name and Address of New Registered Agent Name <b>David B. Lee</b> Street Address (P.O. Box Number is Not Acceptable) <b>2416 SE 23<sup>rd</sup> Place</b> City <b>Ocala</b> <b>FL</b> Zip Code <b>34471</b>		
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 <b>David B. Lee</b> DATE <b>3/24/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, DAVID <input checked="" type="checkbox"/> Delete 2412 SE 23 PL OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brandon Cryslar 2202 SE 24 <sup>th</sup> Terrace Ocala, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete ROBERSON, TIM 2312 SE 20TH CIR OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete JOHNSON, ARTHUR 2412 SE 23RD ST OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD - Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition David B. Lee 2416 SE 23 Place Ocala, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete DEJOHN, ROBERT 2416 SE 23 ST. OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD - President <input type="checkbox"/> Change <input type="checkbox"/> Addition William Gilchrist 2418 SE 23 <sup>rd</sup> St Ocala, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO <input checked="" type="checkbox"/> Delete BURNETT, ANN 2208 SOUTHEAST 24 TERRACE OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD - Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Phillip Schuck 2318 SE 22 <sup>nd</sup> Loop Ocala, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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:			4-12-07 352-732-7283 <small>Date Daytime Phone #</small>		