

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005443

FILED
Apr 21, 2009
Secretary of State

Entity Name: WOODLAND ESTATES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2416 SE 23RD PL
C/O DAVID B. LEE
OCALA, FL 34471

New Principal Place of Business:

2212 SE 24TH AVE
C/O LAVON M. STOUGH
OCALA, FL 34471

Current Mailing Address:

2416 SE 23RD PL
C/O DAVID B. LEE
OCALA, FL 34471

New Mailing Address:

2212 SE 24TH AVE
C/O LAVON M. STOUGH
OCALA, FL 34471

FEI Number: 59-3650511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, DAVID B
2416 SE 23RD PL
OCALA, FL 34471 US

Name and Address of New Registered Agent:

STOUGH, LAVON M
2212 SE 24TH AVE
OCALA, FL 34471 US

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.

SIGNATURE: LAVON STOUGH

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CRYSLER, BRANDON
Address: 2202 SE 24TH TERRACE
City-St-Zip: OCALA, FL 34471

Title: TD () Delete
Name: DEJOHN, ROBERT
Address: 2416 SE 23 STREET
City-St-Zip: OCALA, FL 34471

Title: SD () Delete
Name: LEE, DAVID B
Address: 2416 SE 23 PLACE
City-St-Zip: OCALA, FL 34471

Title: PD () Delete
Name: GILCHRIST, WILLIAM
Address: 2418 SE 23RD CT.
City-St-Zip: OCALA, FL 34471

Title: VD () Delete
Name: SCHUCK, PHILLIP
Address: 2318 SE 22 LOOP
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: STOUGH, LAVON M
Address: 2212 SE 24 AVE
City-St-Zip: OCALA, FL 34471

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAVON M. STOUGH

SD

04/21/2009

Electronic Signature of Signing Officer or Director

Date