

# 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