

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004331

FILED
Jan 03, 2008
Secretary of State

Entity Name: WOODRUN OF BAY COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2827 JOAN AVE
SUITE B
PANAMA CITY BEACH, FL 32408 US

New Principal Place of Business:

Current Mailing Address:

2827 JOAN AVE
SUITE B
PANAMA CITY BEACH, FL 32408 US

New Mailing Address:

FEI Number: 65-0853288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLOAN, TIMOTHY J
427 MCKENZIE AVE
PANAMA CITY, FL 32402 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUPONT, KEVIN
Address: 130 COTTONWOOD CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

Title: VD () Delete
Name: LEETE, ROGER D SR
Address: 510 PICKEREL COURT
City-St-Zip: LYNN HAVEN, FL 32444

Title: STD () Delete
Name: ZIMMERMAN, BILL
Address: 125 COTTONWOOD CIR
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEETE, ROGER D SR
Address: 510 PICKEREL COURT
City-St-Zip: LYNN HAVEN, FL 32444

Title: VD (X) Change () Addition
Name: GUNN, EDDINS
Address: 133 COTTONWOOD CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

Title: STD (X) Change () Addition
Name: IRVING, MARK
Address: 131 COTTONWOOD CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

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: ROGER D. LEETE, SR.

PD

01/03/2008

Electronic Signature of Signing Officer or Director

Date