

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90069 047 ****61.25

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1. Entity Name
**THE WOODLANDS VILLAS AT RIVENDELL
ASSOCIATION, INC.**



Principal Place of Business
**ANNE HOPE LANE
SARASOTA, FL 34240**

Mailing Address
**PO BOX 110156
NAPLES, FL 34108**

4010100



05032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0937646	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, WILLIAM D CAM
2310 DELLA DRIVE
NAPLES, FL 34117**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	MAS
NAME	WHITE, WILLIAM D
STREET ADDRESS	2310 BELLA DR
CITY-ST-ZIP	NAPLES, FL 34117

TITLE	DP
NAME	MCDANIEL, LEWIS
STREET ADDRESS	708 ANNI HOPE LANE
CITY-ST-ZIP	OSPREY, FL 34229

TITLE	DT
NAME	HOOD, NANCY
STREET ADDRESS	715 CRANE PRAIRE WAY
CITY-ST-ZIP	OSPREY, FL 34229

TITLE	DS
NAME	TURNER, DELORES
STREET ADDRESS	712 ANNA HOPE LANE
CITY-ST-ZIP	OSPREY, FL 34229

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-07

Date

239-352-6780

Daytime Phone #