

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90113 026 ****61.25

DOCUMENT # N99000003404

1. Entity Name

WOODHAVEN ESTATES VILLAS PROPERTY OWNERS
ASSOCIATION, INC.



Principal Place of Business

1050 CORPORATE AVE
SUITE 105
NORTH PORT FL 34289

Mailing Address

4370 SOUTH TAMiami TR
SUITE 102
SARASOTA FL 34231



2. Principal Place of Business - No P.O. Box #

4370 S. Tamiami Trail

3. Mailing Address

Suite, Apt. #, etc.

Suite 102

City & State

Sarasota, FL

City & State

Zip

34231

Country

USA

Country

USA

4. FEI Number

65-0947259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

CASEY CONDOMINIUM MGMT
4370 SOUTH TAMiami TR
SUITE 102
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RUMMANS, LAURA	
STREET ADDRESS	1312 HEDGEWOOD CIR	
CITY-STATE-ZIP	NORTH PORT FL 34288	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KOENIG, BILL	
STREET ADDRESS	1435 MIMS CT	
CITY-STATE-ZIP	NORTH PORT FL 34288	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EGGLESTON, TOM	
STREET ADDRESS	5943 FAIRLANE DR	
CITY-STATE-ZIP	NORTH PORT FL 34288	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEIBY, BUTCH	
STREET ADDRESS	1351 HEDGEWOOD CIR	
CITY-STATE-ZIP	NORTH PORT FL 34288	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DUREN, SIDNEY	
STREET ADDRESS	1332 HEDGEWOOD CIR	
CITY-STATE-ZIP	NORTH PORT FL 34288	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ernst, Theodore	
STREET ADDRESS	1377 Ossa Court	
CITY-STATE-ZIP	North Port, FL 34288	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meszaros, Joann.	
STREET ADDRESS	5906 Fairlane Drive	
CITY-STATE-ZIP	North Port, FL 34288	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

James C. Rummans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07

941 429 1933

Date

Daytime Phone #