

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743570

Entity Name: WOODRUN NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**8217 BRISTOL CT
TALLAHASSEE, FL 32311**Current Mailing Address:**8604 CHATHAM CT
TALLAHASSEE, FL 32311 US**FEI Number:** 59-3577289**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**YOUNG, W. DAVID
8604 CHATHAM CT
TALLAHASSEE, FL 32311 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:** W. DAVID YOUNG

04/27/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name YOUNG, W. DAVID
Address 8604 CHATHAM CT
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR
Name CAUSSEAU, BRIAN K.
Address 8604 CHATHAM CT
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR
Name JOHNSON, MARY
Address 2209 WINDERMERE RD
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR
Name NERO, RETHA B.
Address 2200 WINDERMERE RD
City-State-Zip: TALLAHASSEE FL 32311

Title SECRETARY-TREASURER,
DIRECTOR
Name ANDREWS, THARICICIA
Address 3883 CHAUCER CT
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR
Name HOOD, PATRICIA C.
Address 8213 BRISTOL CT
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR
Name MILLAR, BARBARA
Address 2312 WINDERMERE RD
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR
Name MILLER, VIVIAN
Address 8300 BALMORAL DR
City-State-Zip: TALLAHASSEE FL 32311

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I hereby 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 all other like empowered.

SIGNATURE: W. DAVID YOUNG

PRESIDENT, DIRECTOR

04/27/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name UNDERWOOD, ALLISON L.
Address 8392 OLDE POST RD
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR
Name JOHNSON, HAROLD F.
Address 8616 KINGSTON CT
City-State-Zip: TALLAHASSEE FL 32311

Title VP, DIRECTOR
Name SMITH, GLORIA M.
Address 2141 PORTSMOUTH CIR
City-State-Zip: TALLAHASSEE FL 32311