

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743570

**Entity Name:** WOODRUN HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**8604 CHATHAM 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, 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:** DAVID YOUNG

04/25/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title DIRECTOR  
Name CAUSSEAU, BRIAN  
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 VPD  
Name LIEH, SINA  
Address 2340 WINDERMERE RD.  
City-State-Zip: TALLAHASSEE FL 32311

Title SEC  
Name SHIMANSKY, TRACY  
Address 8325 BALMORAL CT.  
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR  
Name HOOD, CHARLES  
Address 8205 BRISTOL CT.  
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR  
Name KAHN, ELIZABETH L  
Address 2155 PORTSMOUTH CIR  
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:** PATRICIA HOOD

TD

04/25/2013

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DEACON  
Name            MILLER, NANCY M  
Address        3853 WINDERMERE RD  
City-State-Zip: TALLAHASSEE FL 32311

Title            DIRECTOR  
Name            TOMBLIN, BENJAMIN K JR.  
Address        8296 BALMORAL DR  
City-State-Zip: TALLAHASSEE FL 32311

Title            DIRECTOR  
Name            ROSENCRANS, STEVEN C  
Address        2324 WINDERMERE RD  
City-State-Zip: TALLAHASSEE FL 32311