

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07741

**FILED**  
**Jan 14, 2014**  
**Secretary of State**  
**CC0955685661**

**Entity Name:** WOODLAND HOMEOWNERS ORGANIZATION, INC.

**Current Principal Place of Business:**

6100 HERITAGE DRIVE  
GROVELAND, FL 34736

**Current Mailing Address:**

6100 HERITAGE DRIVE  
GROVELAND, FL 34736 US

**FEI Number: 59-2530484**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

HIRSHORN, JOHN S  
6002 LIBERTY DRIVE  
GROVELAND, FL 34736 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: JOHN S HIRSHORN**

**01/14/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name PIERMATTEO, MAUREEN  
Address 6029 LIBERTY DRIVE  
City-State-Zip: GROVELAND FL 34736

Title S  
Name HIRSHORN, JOHN S  
Address 6069 LIBERTY DRIVE  
City-State-Zip: GROVELAND FL 34736

Title VP  
Name REEDER, JACK  
Address 5834 HERITAGE DRIVE  
City-State-Zip: GROVELAND FL 34736

Title T  
Name CISNEY, SUZANNE R  
Address 7233 FLOWERING TREE CIRCLE  
City-State-Zip: GROVELAND FL 34736

Title D  
Name FITZPATRICK, YOUNG E  
Address 5830 PEACEFUL PASS  
City-State-Zip: GROVELAND FL 34736

Title D  
Name MCVICKER, LYNN  
Address 6014 UNITY PASS  
City-State-Zip: GROVELAND FL 34736

Title D  
Name VANCE, EARL  
Address 6030 LIBERTY DRIVE  
City-State-Zip: GROVELAND FL 34736

*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: JOHN S HIRSHORN**

**SECRETARY**

**01/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date