

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

DOCUMENT# N32776

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC6952394462**

**Entity Name:** WOODLAND HERITAGE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

30 WOODLAND HERITAGE BLVD.  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

30 WOODLAND HERITAGE BLVD.  
CRAWFORDVILLE, FL 32327 US

**FEI Number:** 59-2854809

**Certificate of Status Desired:** No

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

PHILLIPS, LORRA L  
65 FOREST LANE  
CRAWFORDVILLE, FL 32327 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ASKIN, THOMAS  
Address 50 WOODLAND HERITAGE BLVD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title VP  
Name WHITE, CHESTER  
Address 167 WOODLAND HERITAGE BLVD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title S/T  
Name PHILLIPS, LORRA L  
Address 65 FOREST LANE  
City-State-Zip: CRAWFORDVILLE FL 32327

*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:** LORRA L PHILLIPS

**TREASURER**

**04/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date