

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000004331

**FILED**  
**Feb 01, 2016**  
**Secretary of State**  
**CC2200139445**

**Entity Name:** WOODRUN OF BAY COUNTY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2827 JOAN AVE  
SUITE B  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

2827 JOAN AVE  
SUITE B  
PANAMA CITY BEACH, FL 32408 US

**FEI Number: 65-0853288**

**Certificate of Status Desired: No**

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

SLOAN, TIMOTHY J  
427 MCKENZIE AVE  
PANAMA CITY, FL 32402 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 SECRETARY, TREASURER  
Name GUNN, EDDINS  
Address 133 COTTONWOOD CIRCLE  
City-State-Zip: LYNN HAVEN FL 32444

Title PRESIDENT  
Name FAGGERT, MASON  
Address 109 COTTONWOOD CIRCLE  
City-State-Zip: LYNN HAVEN FL 32444

Title VP  
Name MASTERS, CLAY  
Address 504 PICKEREL COURT  
City-State-Zip: LYNN HAVEN FL 32444

*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: MASON FAGGERT**

**PRESIDENT**

**02/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date