

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **719336** (0)

1. Corporation Name
WOODLAND LAKE PROPERTY OWNERS IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business Mailing Address
10 HIGHPOINT DR. GULF BREEZE FL 32561 **10 HIGHPOINT DR. GULF BREEZE FL 32561**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/17/1970	3a. Date of Last Report 03/18/1994
4. FBI Number 59-3203394	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent
**LIVELY, JAMES L JR.
10 HIGHPOINT DR.
GULF BREEZE FL 32561**

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	FL	B5 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LIVELY, JAMES L JR.
STREET ADDRESS	10 HIGHPOINT DR.
CITY - ST - ZIP	GULF BREEZE FL 32561
TITLE	V
NAME	BRUCE, RONALD
STREET ADDRESS	44 HIGHPOINT DR.
CITY - ST - ZIP	GULF BREEZE FL 32561
TITLE	ST
NAME	HANCY, ANN
STREET ADDRESS	24 HIGHPOINT DR.
CITY - ST - ZIP	GULF BREEZE FL 32561
TITLE	D
NAME	HANCY, STEPHEN
STREET ADDRESS	24 HIGHPOINT DR.
CITY - ST - ZIP	GULF BREEZE FL 32561
TITLE	D
NAME	CRONGEYER, BOB
STREET ADDRESS	38 HIGHPOINT DR.
CITY - ST - ZIP	GULF BREEZE FL 32561
TITLE	D
NAME	BROCK, ALLEN
STREET ADDRESS	9 N. SUNSET DR.
CITY - ST - ZIP	GULF BREEZE FL 32561

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	MANNING HAULING
5.4 CITY - ST - ZIP	4 Highpoint Dr. Gulf Breeze FL 32561
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James Lively Jr.* **JAMES L. Lively Jr. Pres.** 3-26-95 904 932-3985