

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # 719336 (0)

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



Principal Place of Business PO BOX 612 GULF BREEZE FL 32562-0612	Mailing Address PO BOX 612 GULF BREEZE FL 32562-0612
------------------------------------------------------------------------	------------------------------------------------------------

3. Date Incorporated or Qualified 09/17/1970
4. FEI 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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

8. 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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LIVELY, JAMES L JR.	
STREET ADDRESS	10 HIGHPOINT DR.	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HANCY, ANN	
STREET ADDRESS	24 HIGHPOINT DR.	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HANCY, STEPHEN	
STREET ADDRESS	24 HIGHPOINT DR.	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MANNING, HANLINE	
STREET ADDRESS	4 HIGHPOINT DRIVE	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROCK, ALLEN	
STREET ADDRESS	9 N. SUNSET DR.	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ECHSNER, STEPHEN	
STREET ADDRESS	23 N. SUNSET BLVD.	
CITY-ST-ZIP	GULF BREEZE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NOONAN, DAN	
1.3 STREET ADDRESS	402 N. SUNSET DR.	
1.4 CITY-ST-ZIP	GULF BREEZE, FL. 32561	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ann Hancy* **Ann Hancy** 3/31/98 850-932-7185

CR2E037 (10/97)