## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# **DOCUMENT # 719336**

### WOODLAND LAKE PROPERTY OWNERS IMPROVEMENT ASSOCI ATION, INC.

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

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

PO BOX 612

GULF BREEZE FL 32562-0612

# **FILED** Mar 06, 1999 8:00 am § Secretary of State

03-06-1999 90075 012 \*\*\*\*61.25

181425 - 90075 - 12 3 \*



3. Date Incorporated or Qualifed

09/17/1970

59-3203394

4. FEI Number

City & State		City & State		5. Certifcate of Status Desired		\$8.75 Additional		
23		28						Required
Zip	Country	Zip	Country		Election Campaign Financing			00 May Be
24	25	29 3	10		Trust Fund Contribution			ed to Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered /	\gent_	
			81	Name				
LIVELY, JAMES L JR.				Street Add	ress (P.O. Box Number is Not Accepta	ble)		
10 HIGHPOINT DR.								
	EEZE FL 32561		83					
			84	City		<del></del>	85 2	ip Code
			**	Oity		FL		
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was aut	horized by	the corporati	poration submits this statement for the on's board of directors. I hereby accept	purpose of t the appoir	changing itment as	its registered s registered
SIGNATURE		ANOTE: D	a claimed Amon	t alanatura repuls	ad when reinstating)	DATÉ		
12.	Signature, typed or printed name of registered agent OFFICERS AND	<del></del>	13.	r signature require	ad when reinstating)  ADDITIONS/CHANGES TO OFF		D DIREC	TORS IN 12
TITLE	P DELETE		1,1 TITLE				Chan	
NAME	LIVELY, JAMES L JR.	<del></del>						
STREET ADDRESS			1.2 NAME 1.3 STREET	ADDRESS				!
	GULF BREEZE FL 32561		1.4 CITY-ST	ł				
CITY-ST-ZIP TITLE	ST DELETE		2.1 TITLE	1-21			Chan	ge Addition
NAME	HANCY, ANN		22 NAME		<del>-</del>			
STREET ADDRESS	A		2.3 STREET	ADDRESS				
	GULF BREEZE FL 32561		2.4 CITY-S		-			-
CITY-ST-ZIP TITLE	V	☐ DELETE	3.1 TITLE	11-Zir			Chan	ge Addition
NAME	HANCY, STEPHEN		3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				1
			3.4. CITY-S				•	1
CITY-ST-ZIP TITLE			4.1 TITLE	1-21			☐ Char	ge Addition
NAME	NOONAN, DAN	<b>_</b>	4. 2 NAME	1				_
STREET ADDRESS	•		4.3 STREET	CADDRESS.				į
			4.4 CITY-ST					
CITY-ST-ZIP TITLE	D	☐ DELETE	5.1 TITLE				☐ Chan	ge Addition
NAME	BROCK, ALLEN		5.2 NAME					1
STREET ADDRESS	- 44 - 04 14 10 177 - 0.00		5.3 STREET	TADDRESS	``	•		į
CITY-ST-ZIP	GULF BREEZE FL 32561		5.4 CITY-ST	T-ZIP	•			
TITLE	D	☐ DELETE	6.1 TITLE				☐ Char	ige Addition
NAME	ECHSNER, STEPHEN		6.2 NAME		•			]
STREET ADDRESS	** ** ****		6.3 STREET	ADDRESS				ł
CITY-ST-ZIP	GULF BREEZE FL		6.4 CITY-ST	T-ZIP				j
14. I hereby	certify that the information supplied with	this filing does not qualify for t	the exempti	ion stated in	Section 119.07(3)(i), Florida Statutes.	further cer	ify that t	he 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, with all other like empowered.

SIGNATURE:

Applied For

\$8.75 Additional

Not Applicable