

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90046 025 ****61.25

011R100

DOCUMENT # 719336

1. Entity Name

WOODLAND LAKE PROPERTY OWNERS IMPROVEMENT ASSOCI

LUU40340



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

PO BOX 612
 GULF BREEZE FL 32562-0612

PO BOX 612
 GULF BREEZE FL 32562-0612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3203394

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIVELY, JAMES L JR.
10 HIGHPOINT DR.
GULF BREEZE FL 32561

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVELY, JAMES L JR.	NAME	
STREET ADDRESS	10 HIGHPOINT DR.	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANCY, ANN	NAME	
STREET ADDRESS	24 HIGHPOINT DR.	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANCY, STEPHEN	NAME	
STREET ADDRESS	24 HIGHPOINT DR.	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOONAN, DAN	NAME	
STREET ADDRESS	402 N SUNSET DR	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, ALLEN	NAME	
STREET ADDRESS	9 N. SUNSET DR.	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHSNER, STEPHEN	NAME	
STREET ADDRESS	23 N. SUNSET BLVD.	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (Signature of Ann Hancy)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01 850-932-7185
 Date Daytime Phone #

CR2E037 (10/00)