


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90074 034 \*\*\*\*61.25

<b>DOCUMENT # 719336</b>					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3203394	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
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 checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIVELL, RENE		NAME	Ackley, Ellie	
STREET ADDRESS	48 HIGHPOINT DR.		STREET ADDRESS	7 N. Sunset Blvd.	
CITY-ST-ZIP	GULF BREEZE, FL 32561		CITY-ST-ZIP	Gulf Breeze, FL 32561	
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 checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOONAN, DAN		NAME	Davidson, David	
STREET ADDRESS	402 N SUNSET DR		STREET ADDRESS	5 N. Sunset Blvd.	
CITY-ST-ZIP	GULF BREEZE, FL 32561		CITY-ST-ZIP	Gulf Breeze, FL 32561	
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: <i>James L Lively, Jr.</i>		Date: 4-2-04		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					