


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 719336**  
 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
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**DO NOT WRITE IN THIS SPACE**



01272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3203394	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 LIVELY, JAMES L JR.  
 10 HIGHPOINT DR.  
 GULF BREEZE, FL 32561

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIVELY, JAMES L JR. 10 HIGHPOINT DR. GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ACKLEY, ELLIE 7 N SUNSET BLVD. GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANCY, STEPHEN 24 HIGHPOINT DR. GULF BREEZE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, DAVID 5 N SUNSET BLVD. GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROCK, ALLEN 9 N. SUNSET DR. GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECHSNER, STEPHEN 23 N. SUNSET BLVD. GULF BREEZE, FL

**DO NOT WRITE IN THIS SPACE**

02/03/05-80056-016 61.25

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:** Ellie Ackley Ellie Ackley 1/28/2005 850-934-7040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #