

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 08, 2006  
Secretary of State**

DOCUMENT# 719336

Entity Name: WOODLAND LAKE PROPERTY OWNERS IMPROVEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 612  
GULF BREEZE, FL 325620612

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 612  
GULF BREEZE, FL 325620612

**New Mailing Address:**

FEI Number: 59-3203394      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LIVELY, JAMES L JR.  
Address: 10 HIGHPOINT DR.  
City-St-Zip: GULF BREEZE, FL 32561

Title: ST ( ) Delete  
Name: ACKLEY, ELLIE  
Address: 7 N SUNSET BLVD.  
City-St-Zip: GULF BREEZE, FL 32561

Title: V ( ) Delete  
Name: HANCY, STEPHEN  
Address: 24 HIGHPOINT DR.  
City-St-Zip: GULF BREEZE, FL

Title: D ( ) Delete  
Name: DAVIDSON, DAVID  
Address: 5 N SUNSET BLVD.  
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete  
Name: BROCK, ALLEN  
Address: 9 N. SUNSET DR.  
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete  
Name: ECHSNER, STEPHEN  
Address: 23 N. SUNSET BLVD.  
City-St-Zip: GULF BREEZE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLIE ACKLEY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

ST

01/08/2006

\_\_\_\_\_  
Date