


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90058 023 \*\*\*\*61.25

|   |         |  |         |
|---|---------|--|---------|
| <b>DOCUMENT # 719336</b>  |         |         |         |
| 1. Entity Name<br><b>WOODLAND LAKE PROPERTY OWNERS IMPROVEMENT ASSOCIATION, INC.</b>  |         |  |         |
| Principal Place of Business<br>PO BOX 612<br>GULF BREEZE FL 32562-0612  |         | Mailing Address<br>PO BOX 612<br>GULF BREEZE FL 32562-0612                               |         |
| 2. Principal Place of Business - No P.O. Box #  |         | 3. Mailing Address   |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.  |         |
| City & State  |         | City & State   |         |
| Zip   | Country | Zip  | Country |
| 6. Name and Address of Current Registered Agent   |         | 7. Name and Address of New Registered Agent  |         |
| LIVELY, JAMES L JR.<br>10 HIGHPOINT DR.<br>GULF BREEZE FL 32561   |         | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                       |         |  |         |



1st MOORE CR2E037 (10/06)

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

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS                           |  | 11. ADDITIONS; CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |
|--|--|---|--|
| TITLE: P <input type="checkbox"/> Delete             | NAME: LIVELY, JAMES L JR.<br>STREET ADDRESS: 10 HIGHPOINT DR.<br>CITY- ST- ZIP: GULF BREEZE FL 32561 | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |  |
| TITLE: ST <input checked="" type="checkbox"/> Delete | NAME: ACKLEY, ELLIE<br>STREET ADDRESS: 7 N SUNSET BLVD.<br>CITY- ST- ZIP: GULF BREEZE FL 32561       | TITLE: <b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: <b>SPRAGUE, KATHERINE</b><br>STREET ADDRESS: <b>26 HIGHPOINT DR</b><br>CITY- ST- ZIP: <b>GULF BREEZE FL 32561</b>    |
| TITLE: V <input checked="" type="checkbox"/> Delete  | NAME: HANCY, STEPHEN<br>STREET ADDRESS: 24 HIGHPOINT DR.<br>CITY- ST- ZIP: GULF BREEZE FL            | TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           | NAME: <b>V ECHSNER, STEVEN</b><br>STREET ADDRESS: <b>23 N. SUNSET BLVD.</b><br>CITY- ST- ZIP: <b>GULF BREEZE, FL 32561</b> |
| TITLE: D <input type="checkbox"/> Delete             | NAME: DAVIDSON, DAVID<br>STREET ADDRESS: 5 N SUNSET BLVD.<br>CITY- ST- ZIP: GULF BREEZE FL 32561     | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |  |
| TITLE: D <input type="checkbox"/> Delete             | NAME: BROCK, ALLEN<br>STREET ADDRESS: 9 N. SUNSET DR.<br>CITY- ST- ZIP: GULF BREEZE FL 32561         | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |  |
| TITLE: D <input checked="" type="checkbox"/> Delete  | NAME: ECHSNER, STEPHEN<br>STREET ADDRESS: 23 N. SUNSET BLVD.<br>CITY- ST- ZIP: GULF BREEZE FL        | TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           | NAME: <b>D YOUD, JOSEPH R. JR</b><br>STREET ADDRESS: <b>50 HIGHPOINT DR.</b><br>CITY- ST- ZIP: <b>GULFBREEZE FL 32561</b>  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Katherine Sprague / ST*      2/5/07      (850) 934-3477  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #