

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91084 034 ****61.25

DOCUMENT # 719336

1. Entity Name

WOODLAND LAKE PROPERTY OWNERS IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

PO BOX 612
GULF BREEZE FL 32562-0612

PO BOX 612
GULF BREEZE FL 32562-0612

30033067

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

CHECK HERE IF MAKING CHANGES



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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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
NAME	LIVELY, JAMES L JR.	
STREET ADDRESS	10 HIGHPOINT DR.	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HANCY, ANN	
STREET ADDRESS	24 HIGHPOINT DR.	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	V	<input type="checkbox"/> Delete
NAME	HANCY, STEPHEN	
STREET ADDRESS	24 HIGHPOINT DR.	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOONAN, DAN	
STREET ADDRESS	402 N SUNSET DR	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROCK, ALLEN	
STREET ADDRESS	9 N. SUNSET DR.	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	ECHSNER, STEPHEN	
STREET ADDRESS	23 N. SUNSET BLVD.	
CITY-ST-ZIP	GULF BREEZE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rene Kivell	
STREET ADDRESS	48 Highpoint Dr.	
CITY-ST-ZIP	Gulf Breeze, FL. 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *James L. Lively, President* 3/12/03 850-932-2237

CR2E037 (10/02)