

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729162 (8)

1. Corporation Name
WOODLAKE ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O INFINITI PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD., STE 110
LARGO FL 34640
US

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **03/22/1974** 3a. Date of Last Report **04/06/1994**
4. FEI Number **59-2023853** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

5. Certificate of Status Desired **\$0.75 Additional Fee Required**

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

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

22. City & State 27. City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INFINITI PROPERTY MANAGEMENT INC.
1301 SEMINOLE BLVD., SUITE 110
LARGO 34640-5183

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when remaining) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **OWENS, SANDRA**
STREET ADDRESS **2072 SUNSET PT RD #125**
CITY - ST - ZIP **CLEARWATER FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **VD**
NAME **HENTZ, ROY**
STREET ADDRESS **2076 SUNSET PT RD 143**
CITY - ST - ZIP **CLEARWATER FL**

2.1 TITLE **V/D** Change Addition
2.2 NAME **BIGGAR, MICHAEL**
2.3 STREET ADDRESS **2058 SUNSET POINT RD. #16**
2.4 CITY - ST - ZIP **CLEARWATER, FL 34625**

TITLE **TD**
NAME **LOEFFLER, ROBERT**
STREET ADDRESS **2068 SUNSET PT RD 104**
CITY - ST - ZIP **CLEARWATER FL**

3.1 TITLE **T/D** Change Addition
3.2 NAME **WIWI, CATHERINE**
3.3 STREET ADDRESS **P.O. BOX 5353 N/A**
3.4 CITY - ST - ZIP **CLEARWATER, FL 34625**

TITLE **SD**
NAME **ESPY, ELIZABETH**
STREET ADDRESS **2066 SUNSET PT RD 95**
CITY - ST - ZIP **CLEARWATER FL**

4.1 TITLE **S/D** Change Addition
4.2 NAME **ESPEY**
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **PD**
NAME **BRENNAN, WILLIAM**
STREET ADDRESS **2052 SUNSET PT RD 43**
CITY - ST - ZIP **CLEARWATER FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Brennan* President 4/4/95 (813) 443-4240
Signature and typed or printed name of signing officer or director Date Daytime Phone #