

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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

C/O INFINITI PROPERTY MANAGEMENT, INC.  
1301 SEMINOLE BLVD., STE 110  
LARGO FL 34640  
US

3. Date Incorporated or Qualified  
**03/22/1974**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

4. FEI Number

**59-2023853**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent Signature, not printed when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	OWENS, SANDRA	
STREET ADDRESS	2072 SUNSET PT RD #125	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BIGGAR, MICHAEL	
STREET ADDRESS	2058 SUNSET POINT RD 16	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WIWI, CATHERINE	
STREET ADDRESS	P O BOX 5353	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ESPEY, ELIZABETH	
STREET ADDRESS	2066 SUNSET PT RD 95	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRENNAN, WILLIAM	
STREET ADDRESS	2052 SUNSET PT RD 43	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	OLLIFF, ANDREW	
23 STREET ADDRESS	2076 SUNSET POINT RD., #147	
24 CITY-ST-ZIP	CLEARWATER, FL 34618	
31 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	2068 SUNSET POINT RD. #102	
34 CITY-ST-ZIP	CLEARWATER, FL 34625	
41 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	AYERS, BETH	
43 STREET ADDRESS	2076 SUNSET POINT RD. #142	
44 CITY-ST-ZIP	CLEARWATER, FL 34625	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	SHAFRON, BRIAN	
53 STREET ADDRESS	2068 SUNSET POINT RD. #101	
54 CITY-ST-ZIP	CLEARWATER, FL 34625	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Catherine E. Wiwi* Catherine Wiwi  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96  
Date

813-585-3491  
Daytime Phone #

CR2E037 (12/95)