

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90073 014 \*\*\*\*61.25

0055398

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 729162**

1. Corporation Name  
**WOODLAKE ASSOCIATION, INC.**

Principal Place of Business C/O INFINITI PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD., STE 110 LARGO FL 33770 US	Mailing Address C/O INFINITI PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD., STE 110 LARGO FL 34640 US
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/22/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2023853 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	33770	Country 30

9. Name and Address of Current Registered Agent  INFINITI PROPERTY MANAGEMENT INC. 1301 SEMINOLE BLVD., SUITE 110 LARGO 33770		10. Name and Address of New Registered Agent	
81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUENZER, VICTORIA L	1.2 NAME	OLLIFF, ANDREW B.
STREET ADDRESS	2066 SUNSET POINT RD, #92	1.3 STREET ADDRESS	2076 SUNSET POINT RD., #147
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIWI, CATHERINE	2.2 NAME	SCHOENHERR, KENNETH
STREET ADDRESS	2068 SUNSET PT RD #102	2.3 STREET ADDRESS	2056 SUNSET POINT RD., #24
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AYERS, BETH	3.2 NAME	WALL, SUSAN
STREET ADDRESS	2076 SUNSET PT RD #142	3.3 STREET ADDRESS	2054 SUNSET POINT RD., #36
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFRON, BRIAN	4.2 NAME	
STREET ADDRESS	2068 SUNSET PT RD #101	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Brian Shafron* **SIGNATURE REQUIRED SHAFRON** 4/15/99 722-447-0619  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037- (1/1/98)