

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90056 023 \*\*\*\*61.25

**DOCUMENT # 729162**

1. Entity Name

**WOODLAKE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O INFINITI PROPERTY MANAGEMENT, INC.  
 1301 SEMINOLE BLVD., STE 110  
 LARGO FL 33770  
 US

C/O INFINITI PROPERTY MANAGEMENT, INC.  
 1301 SEMINOLE BLVD., STE 110  
 LARGO FL 33770  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2023853**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INFINITI PROPERTY MANAGEMENT INC.  
 1301 SEMINOLE BLVD., SUITE 110  
 LARGO FL 33770

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.

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHOONMAKER, DENISE	
STREET ADDRESS	2054 SUNSET POINT RD #31	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SCHOENHERR, KENNETH	
STREET ADDRESS	2057 SUNSET POINT ROAD, #24	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHAFRAN, BRIAN	
STREET ADDRESS	2076 SUNSET PT RD #144	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGAN, JAMES	
STREET ADDRESS	2066 SUNSET POINT RD., #94	
CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACKWELL, MARCY	
STREET ADDRESS	2070 SUNSET POINT RD., #114	
CITY-ST-ZIP	CLEARWATER, FL 33765	
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:**

*Kenneth Schoenherr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-02

727-541-6664

CR2E037 (9/01)