

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 733348 (7)**

1. Corporation Name  
**WOODLANDS ESTATES ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**3480 E. LAKE ROAD STE. C PALM HARBOR FL 34685 US**  
**P.O. BOX 1448 PALM HARBOR FL 34682-1448 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/22/1975</b>	3a. Date of Last Report <b>04/04/1994</b>
4. FBI Number <b>59-1679407</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent  
**SCANNAVINO, DOMNICK  
3480 EAST LAKE RD., SUITE C  
PALM HARBOR FL 34685**

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	<b>FL</b>

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

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>
NAME	<b>MCAHON, LES</b>
STREET ADDRESS	<b>540 PALMDALE DRIVE</b>
CITY - ST - ZIP	<b>OLDSMAR FL</b>
TITLE	<b>SD</b>
NAME	<b>RATEKIN, RACHEL</b>
STREET ADDRESS	<b>445 PALMDALE DRIVE</b>
CITY - ST - ZIP	<b>OLDSMAR FL</b>
TITLE	<b>TD</b>
NAME	<b>PLOUF, DAVID</b>
STREET ADDRESS	<b>520 HICKORYNUT</b>
CITY - ST - ZIP	<b>OLDSMAR FL</b>
TITLE	<b>D</b>
NAME	<b>SCHUMACKER, GEORGE</b>
STREET ADDRESS	<b>350 OLEANDER PL</b>
CITY - ST - ZIP	<b>OLDSMAR FL</b>
TITLE	<b>PD</b>
NAME	<b>MESSINGER, MAURICE</b>
STREET ADDRESS	<b>440 FOREST PARK ROAD</b>
CITY - ST - ZIP	<b>OLDSMAR FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	<b>DVPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
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 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 of this document as an attachment with an address.

SIGNATURE: *Les McMahon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Les McMahon**

4-17-95 (813) 784-1887  
Date Telephone Number