

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 # 733348 (7)

1. Corporation Name

WOODLANDS ESTATES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3490 E. LAKE ROAD
STE. C
PALM HARBOR FL 34685
US

P.O. BOX 1448
PALM HARBOR FL 34682-1448
US

3. Date Incorporated or Qualified 07/22/1975
3a. Date of Last Report 05/01/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1679407		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCANNAVINO, DOMINICK
3490 EAST LAKE RD., SUITE C
PALM HARBOR FL 34685

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 officer 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMAHON, LES	1.2 NAME	Al Hughes
STREET ADDRESS	540 PALMDALE DRIVE	1.3 STREET ADDRESS	360 Oleander Pl.
CITY-ST-ZIP	OLDSMAR FL	1.4 CITY-ST-ZIP	Oldsmar FL 34677
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATEKIN, RACHEL	2.2 NAME	
STREET ADDRESS	445 PALMDALE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	2.4 CITY-ST-ZIP	
TITLE	DVPT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLOUF, DAVID	3.2 NAME	Tom Pisano
STREET ADDRESS	520 HICKORYNUT	3.3 STREET ADDRESS	430 Cypress Creek Cir.
CITY-ST-ZIP	OLDSMAR FL	3.4 CITY-ST-ZIP	Oldsmar FL 34677
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHUMACKER, GEORGE	4.2 NAME	Barbara Zelisch
STREET ADDRESS	350 OLEANDER PL	4.3 STREET ADDRESS	130 Fernbrook Rd.
CITY-ST-ZIP	OLDSMAR FL	4.4 CITY-ST-ZIP	Oldsmar FL 34677
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSENGER, MAURICE	5.2 NAME	
STREET ADDRESS	440 FOREST PARK ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	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 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 *Barbara Zelisch* Barbara Zelisch, Treas. 813-784-8834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)