FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Jan 30 1997 8:00am
Secretary of State

DOCUMENT # **733348** **(7)**

1. Corporation Name

WOODLANDS ESTATES ASSOCIATION, INC.

Principal Place of Business
3490 E. LAKE ROAD
STE. C
PALM HARBOR FL 34685
US

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

3. Date Incorporated or Qualified: **07/22/1975**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **59-1679407** — 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

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☒ DELETE
NAME	MCMAHON, LES	
STREET ADDRESS	540 PALMDALE DRIVE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	☒ DELETE
NAME	RATEKIN, RACHEL	
STREET ADDRESS	445 PALMDALE DRIVE	
CITY-ST-ZIP	OLDSMR FL	
TITLE	SD	☐ DELETE
NAME	TOM PISANO	
STREET ADDRESS	430 CYPRESS CREEK CIR	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	DT	☐ DELETE
NAME	BARBARA ZELISCH	
STREET ADDRESS	130 FERNBROOK RD	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	DVP	☐ DELETE
NAME	AL HUGHES	
STREET ADDRESS	360 OLEANDER PL	
CITY-ST-ZIP	OLDSMAR FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT S	☐ Change ☒ Addition
1.2 NAME	JOSEPH CALLAGHAN	
1.3 STREET ADDRESS	90 FERNBROOK RD.	
1.4 CITY-ST-ZIP	OLDSMAR FL 34677	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	THOMAS STIDHAM	
2.3 STREET ADDRESS	440 CYPRESS CREEK CIR.	
2.4 CITY-ST-ZIP	OLDSMAR FL 34677	
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DP	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: [illegible] (813) 7840034