


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90046 018 ****61.25

DOCUMENT # 733348


1. Entity Name
WOODLANDS ESTATES ASSOCIATION, INC.



Principal Place of Business Mailing Address
1050A EASTLAKE WOODLANDS PKWY **1050A EASTLAKE WOODLANDS PKWY**
OLDSMAR FL 34677 **OLDSMAR FL 34677**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For
59-1679407 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCANNAVINO, DOMINICK
1050A E. LAKE WOODLANDS PKWY
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	JARVIE, JOHN	
STREET ADDRESS	70 FOX FIRE LANE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CHILDRESS, ELTHER	
STREET ADDRESS	140 WATER OAK WAY	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROACH, SONYA	
STREET ADDRESS	320 HOLLY HILL RD.	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEPIES, DAN	
STREET ADDRESS	455 PALMDALE DR	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FOSBROOK, JUDY	
STREET ADDRESS	90 ARBOR LANE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, CANDY	
STREET ADDRESS	300 PALMDALE DRIVE	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESTERLINE JASON	
STREET ADDRESS	140 PINE LAKE DR.	
CITY-ST-ZIP	OLDSMAR, FL 34677	
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: *[Signature]* 2/11/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #