## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998 DOCUMENT #

(0)

**FILED** Mar 27 1998 8:00am Secretary of State

	LAKE WOODLANDS CON I, INC.	DOMINIUM UNIT FOUR	R ASSOCI			! 					
Principa! Plac	ce of Business	Malling Address					ION DISKI I <b>uu</b> u	OFFICE DISERVE		II UMIN ENR	I OPOK OLOK IDOL
316 MARTHA LANE OLDSMAR FL 34677 US		103 SW CLEVELAND AV LARGO FL 34640 US	<b>VE</b>			3. Date Incorporated or Qualified  06/06/1979  4. FEI Number 59-1954080					Applied For
2. Principal !	Place of Business	2a. Mailing Address								\$8.7	Not Applicable  5 Additional
21		26 905 E.N	1.L. KIR	16 J/	) DR	5. Certificate of	of Status De	sired			Required
Sulte, Apt	. #, etc.	Sulte, Apt. #, etc.				6. Election Ca					May Be
City & Sta	te .	27 <b># 227</b> City & State				Trust Fund					to Fees
23	no	28 TARAON	SPRI	1265		7. Is this nonp	rotit corpor			s associa. ∃No	tion?
Zip	Country	Žip.	Count			8. This corpor	ation owes	or has pa	d the cur	rent year	Intangible
24	25	29 34689	30			Personal Pr				Yes	□ No
	9. Name and Address of Curi	rent Registered Agent	8	1 Nam		10. Name and	Address o	New Re	latered /	Agent	
BEAG)	BAE BEARERS/ 14414 024 024	-	0	Nam							
	IRCE PROPERTY MANAGEMEN V CLEVELAND AVE	I <b>I</b>	8:	2 Stree	t Addres	ess (P.O. Box Number is Not Acceptable)					
	FL 34640		8:	3							·····
20100	I E OTOTO		<u> </u>							1	
			84	4 City					FL	85   Z	p Code
office of	to the provisions of Sections 617.0 registered agent, or both, in the Sta am familiar with, and accept the ob	ate of Florida. Such change wa	is authorized t	y the co	rporatio	on's board of dire	ctors. I here	by accer	t the app	ointment	as registered
agent. I	Signature, typed or printed name of registered		Florida Statuti				<del></del>		DATE		
·	Signature, typed or printed name of registered OFFICERS A								DAYE		
SIGNATURE	Signeture, typed or printed name of registered OFFICERS A	agent and title if applicable. (N	NOTE: Registered A	geni signali		when reinstaling)			DAYE		ORS IN 12
SIGNATURE  12. TITLE NAME	Signeture, typed or printed name of registered OFFICERS A PD TRICK, GILBERT	agent and title if applicable. (NAND DIRECTORS	NOTE: Registered A	geni signali	re required	when reinstaling)			DAYE	DIRECT	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS A PD TRICK, GILBERT 306 MARTHA LANE	agent and title if applicable. (NAND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	gent Bignati	re required	when reinstaling)			DAYE	DIRECT	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signeture, typed or printed name of registered OFFICERS A PD TRICK, GILBERT 306 MARTHA LANE OLDSMAR FL	agent and title if applicable (A AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	gent signati : ET ADDRESS :ST-ZIP	re required	when reinstaling)			DAYE	DIRECTO Chang	ORS IN 12 e Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signeture, typed or printed name of registered OFFICERS A PD TRICK, GILBERT 306 MARTHA LANE OLDSMAR FL D	agent and title if applicable. (NAND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE	gent signatu	re required	when reinstating) ADDITIONS/6	CHANGES	TO OFFIC	DAYE ERS AND	DIRECT	ORS IN 12 e Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signeture, typed or printed name of registered OFFICERS A PD TRICK, GILBERT 306 MARTHA LANE OLDSMAR FL D MURRAY, MIKE	agent and title if applicable (A AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME	gent signatu	re required	when reinstaling)	CHANGES	TO OFFIC	DAYE ERS AND	DIRECTO Chang	ORS IN 12 e Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signeture, typed or printed name of registered OFFICERS A PD TRICK, GILBERT 306 MARTHA LANE OLDSMAR FL D	agent and title if applicable (A AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME	geni signali Et address ST-ZIP	re required	when reinstating) ADDITIONS/6	CHANGES	TO OFFIC	DAYE ERS AND	DIRECTO Chang	ORS IN 12 e Addition    Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signeture, typed or printed name of registered OFFICERS A PD TRICK, GILBERT 306 MARTHA LANE OLDSMAR FL D MURRAY, MIKE 104 MARTHA LANE OLDSMAR FL STD	agent and title if applicable (A AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	geni signali Et address ST-ZIP ET address -ST-ZIP	re required	when reinstating) ADDITIONS/6	CHANGES	TO OFFIC	DAYE ERS AND	DIRECTO Chang	ORS IN 12 e Addition e Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD TRICK, GILBERT 306 MARTHA LANE OLDSMAR FL D MURRAY, MIKE 104 MARTHA LANE OLDSMAR FL STD SCHROEDER, WANDELL	agent and title if applicable (NAND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	gent signal, ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	re required	when reinstating) ADDITIONS/6	CHANGES	TO OFFIC	DAYE ERS AND	DIRECTO	ORS IN 12 e Addition    Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signeture, typed or printed name of registered OFFICERS A PD TRICK, GILBERT 306 MARTHA LANE OLDSMAR FL D MURRAY, MIKE 104 MARTHA LANE OLDSMAR FL STD SCHROEDER, WANDELL 103 MARTHA LANE	agent and title if applicable (NAND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME	gent signal, ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	To John Marie To Marie To John Marie To Marie To John Marie To Ma	when reinstating) ADDITIONS/6	CHANGES	TO OFFIC	DAYE ERS AND	DIRECTO	ORS IN 12 e Addition    Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP COMMENTAL COMMENT	PD TRICK, GILBERT 306 MARTHA LANE OLDSMAR FL D MURRAY, MIKE 104 MARTHA LANE OLDSMAR FL STD SCHROEDER, WANDELL	ageni and title if applicable. (NAND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY	gent signatures ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	To John Marie To Marie To John Marie To Marie To John Marie To Ma	when reinstating) ADDITIONS/6	CHANGES	TO OFFIC	DAYE ERS AND	DIRECTO Chang Chang	ORS IN 12 e Addition e Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	Signeture, typed or printed name of registered OFFICERS A PD TRICK, GILBERT 306 MARTHA LANE OLDSMAR FL D MURRAY, MIKE 104 MARTHA LANE OLDSMAR FL STD SCHROEDER, WANDELL 103 MARTHA LANE	agent and title if applicable (NAND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE	gent signatures services strain address strain address strain address services strain address services	To John Marie To Marie To John Marie To Marie To John Marie To Ma	when reinstating) ADDITIONS/6	CHANGES	TO OFFIC	DAYE ERS AND	DIRECTO	ORS IN 12 e Addition e Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signeture, typed or printed name of registered OFFICERS A PD TRICK, GILBERT 306 MARTHA LANE OLDSMAR FL D MURRAY, MIKE 104 MARTHA LANE OLDSMAR FL STD SCHROEDER, WANDELL 103 MARTHA LANE	ageni and title if applicable. (NAND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME	gent signatures ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS	Tre required	when reinstating) ADDITIONS/6	CHANGES	TO OFFIC	DAYE ERS AND	DIRECTO Chang Chang	ORS IN 12 e Addition e Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signeture, typed or printed name of registered OFFICERS A PD TRICK, GILBERT 306 MARTHA LANE OLDSMAR FL D MURRAY, MIKE 104 MARTHA LANE OLDSMAR FL STD SCHROEDER, WANDELL 103 MARTHA LANE	ageni and title if applicable. (NAND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 4.3 STREE	er address -st-zip -st-address -st-zip -st-zip -st-zip -st-zip -st-zip	Tre required	when reinstating) ADDITIONS/6	CHANGES	TO OFFIC	DAYE ERS AND	DIRECTO Chang Chang	ORS IN 12 e Addition e Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signeture, typed or printed name of registered OFFICERS A PD TRICK, GILBERT 306 MARTHA LANE OLDSMAR FL D MURRAY, MIKE 104 MARTHA LANE OLDSMAR FL STD SCHROEDER, WANDELL 103 MARTHA LANE	ageni and title if applicable. (NAND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STREE 4.4 CITY-	gent algoration ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E ET ADDRESS ST-ZIP	Tre required	when reinstating) ADDITIONS/6	CHANGES	TO OFFIC	DAYE ERS AND	DIRECTO Chang Chang	ORS IN 12 e
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signeture, typed or printed name of registered OFFICERS A PD TRICK, GILBERT 306 MARTHA LANE OLDSMAR FL D MURRAY, MIKE 104 MARTHA LANE OLDSMAR FL STD SCHROEDER, WANDELL 103 MARTHA LANE	ageni and title if applicable (NAND DIRECTORS DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 4.3 STREE	er address -st-zip  et address -st-zip  et address -st-zip  et address -st-zip	Tre required	when reinstating) ADDITIONS/6	CHANGES	TO OFFIC	DAYE ERS AND	DIRECTI Chang Chang Chang	ORS IN 12 e
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signeture, typed or printed name of registered OFFICERS A PD TRICK, GILBERT 306 MARTHA LANE OLDSMAR FL D MURRAY, MIKE 104 MARTHA LANE OLDSMAR FL STD SCHROEDER, WANDELL 103 MARTHA LANE	ageni and title if applicable (NAND DIRECTORS DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 NAME	er address -st-zip  et address -st-zip  et address -st-zip  et address -st-zip	To required	when reinstating) ADDITIONS/6	CHANGES	TO OFFIC	DAYE ERS AND	DIRECTI Chang Chang Chang	ORS IN 12 e
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signeture, typed or printed name of registered OFFICERS A PD TRICK, GILBERT 306 MARTHA LANE OLDSMAR FL D MURRAY, MIKE 104 MARTHA LANE OLDSMAR FL STD SCHROEDER, WANDELL 103 MARTHA LANE	ageni and title if applicable (NAND DIRECTORS DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 NAME	er address -ST-ZIP ET Address	To required	when reinstating) ADDITIONS/6	CHANGES	TO OFFIC	DAYE ERS AND	DIRECTI Chang Chang Chang	ORS IN 12 e
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signeture, typed or printed name of registered OFFICERS A PD TRICK, GILBERT 306 MARTHA LANE OLDSMAR FL D MURRAY, MIKE 104 MARTHA LANE OLDSMAR FL STD SCHROEDER, WANDELL 103 MARTHA LANE	ageni and title if applicable (NAND DIRECTORS DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.2 STREE 4.1 CITY 5.1 TITLE 5.2 NAME 5.3 STREE	ert address -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP	To required	when reinstating) ADDITIONS/6	CHANGES	TO OFFIC	DAYE ERS AND	DIRECTI Chang Chang Chang	ORS IN 12 e
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signeture, typed or printed name of registered OFFICERS A PD TRICK, GILBERT 306 MARTHA LANE OLDSMAR FL D MURRAY, MIKE 104 MARTHA LANE OLDSMAR FL STD SCHROEDER, WANDELL 103 MARTHA LANE	AND DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY	ert address -ST-ZIP ET Address -ST-ZIP	To required	when reinstating) ADDITIONS/6	CHANGES	TO OFFIC	DAYE ERS AND	DIRECTO Chang Chang Chang Chang	ORS IN 12 e
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signeture, typed or printed name of registered OFFICERS A PD TRICK, GILBERT 306 MARTHA LANE OLDSMAR FL D MURRAY, MIKE 104 MARTHA LANE OLDSMAR FL STD SCHROEDER, WANDELL 103 MARTHA LANE	AND DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY 6.1 TITLE 6.2 NAME	ert address -ST-ZIP ET Address -ST-ZIP	To required	when reinstating) ADDITIONS/6	CHANGES	TO OFFIC	DAYE ERS AND	DIRECTO Chang Chang Chang Chang	ORS IN 12 e

indicated on this annual report or supplied with the information stated in Section 119.07(5)(i), Florida Statutes. Further certify that the information indicated on this annual report or suppliemental adopted 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 of 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 adactment with an address.