


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752076 (0)

1. Corporation Name
WOODBERRY LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 8895 N MILITARY TR PALM BCH GARDENS FL 33410 US	Mailing Address P.O. BO 31263 PALM BEACH GARDENS FL 33420 US
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3. Date Incorporated or Qualified 04/17/1980	4. FEI Number 59-2171323	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 400 S. DIXIE	2a. Mailing Address 28 Suite, Apt. #, etc.
22 #10	27 LAKE WORTH FL
23 LAKE WORTH FL	28 LAKE WORTH FL
24 33460	25 US
29 33460	30 US

9. Name and Address of Current Registered Agent

**ST. JOHN & KING DICKER
500 AUSTRALIAN AVE. SOUTH
WEST PALM BEACH FL 33401**

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	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORNATORE, TOM	1.2 NAME	WOODIE VAN VOORHES
STREET ADDRESS	5140 SESAME STREET	1.3 STREET ADDRESS	5060 THYME
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELLE, CAMERON	2.2 NAME	
STREET ADDRESS	11105 THYME DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANESKI, KEN	3.2 NAME	
STREET ADDRESS	11232 THYME DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, DAVID	4.2 NAME	
STREET ADDRESS	5104 THYME DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GDNS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADE, LOUISE	5.2 NAME	
STREET ADDRESS	5185 NUTMEG DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDWIG, RAY	6.2 NAME	
STREET ADDRESS	11077 NUTMEG DRIVE	6.3 STREET ADDRESS	
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14. 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 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 **K. Kanesh** DATE **2/23/98**

CP2E037 (10/97)