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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754017

1. Corporation Name
THE WOODLAND OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2492 FORT PIERCE FL 34954	P.O. BOX 2492 FORT PIERCE FL 34954

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
28
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
09/02/1980

4. FEI Number
59-2067635
☑ 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

9. Name and Address of Current Registered Agent

KELLY, JEANNE
1912 ROYAL PALM DR.
FORT PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name: Donna Price-Kemlage
82 Street Address (P.O. Box Number is Not Acceptable): 2516 S. 19th St., Bldg. 1, Opt. 104
83
84 City: Ft. Pierce, Fl. FL 85 Zip Code: 34982

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: Donna Price-Kemlage — DATE: 08/01/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KELLY, JEANNE 1912 ROYAL PALM DR. FORT PIERCE FL 34982	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP (Director-President) DONNA PRICE-KEMLAGE 2516 S. 19th St., Bldg. 1, Opt. 104 Ft. Pierce, FL. 34982	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARLIN, ROBERT S 2516 S 19TH ST 102 FT. PIERCE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DVP (Director-Vice President) JEANNE KELLY 1912 ROYAL PALM DR. FT. PIERCE, FL. 34982	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FEE, MARY K 1300 SEAWAY DR. A-4 FT PIERCE FL 34949	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D (Director-Treasurer) JIM WILDER 2481 S. Lookout Blvd Pt. St. Lucie, FL. 34984	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/99)

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, with all other like empowered.

SIGNATURE: Donna Price-Kemlage — 08/01/99 — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

SIGNATURE REQUIRED

08/24/99 - I spoke with Ed Evesun on the 1st this today and he directed me to complete this as above. If their a problems, please call me @ work (561) 468-3948. Thank you.
Donna Price-Kemlage