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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

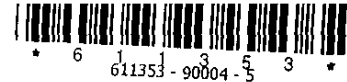
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754017

1. Corporation Name
THE WOODLAND OWNERS ASSOCIATION, INC.

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

Mailing Address
P.O. BOX 2492
FORT PIERCE FL 34954



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		09/02/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2067635	
City & State		City & State		5. Certificate of Status Desired	
23		28		☐ \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KELLY, JEANNE 1912 ROYAL PALM DR. FORT PIERCE FL 34982				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.	
				85 Zip Code 34902	
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 <u>Donna Price-Kemlage</u>				DATE <u>08/01/99</u>	
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	DP (Director-President)	☒ Change ☐ Addition
NAME	KELLY, JEANNE		1.2 NAME	DONNA PRICE-KEMLAGE	
STREET ADDRESS	1912 ROYAL PALM DR.		1.3 STREET ADDRESS	2516 S. 19th ST., Bldg. 1, Opt. 104	
CITY-ST-ZIP	FORT PIERCE FL 34982		1.4 CITY-ST-ZIP	FT. PIERCE, FL. 34982	
TITLE	SD	☐ DELETE	2.1 TITLE	DVP (Director-Vice President)	☒ Change ☐ Addition
NAME	CARLIN, ROBERT S		2.2 NAME	JEANNE KELLY	
STREET ADDRESS	2516 S 19TH ST 102		2.3 STREET ADDRESS	1912 ROYAL PALM DR.	
CITY-ST-ZIP	FT. PIERCE FL		2.4 CITY-ST-ZIP	FT. PIERCE, FL. 34982	
TITLE	TD	☐ DELETE	3.1 TITLE	JIM WILDER (Director-Treasurer)	☒ Change ☐ Addition
NAME	FEE, MARY K		3.2 NAME		
STREET ADDRESS	1300 SEAWAY DR. A-4		3.3 STREET ADDRESS	2401 S. LORRAINE BLVD	
CITY-ST-ZIP	FT PIERCE FL 34949		3.4 CITY-ST-ZIP	PT. ST. LUCIE, FL. 34984	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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

DATE 08/01/99

08/24/99 - I spoke with

Ed Eversen on the 11th today and he directed me to complete this as above. If there's a problem, please call me @ work (561) 468-3948.

Thank you.
Donna Price-Kemlage

CR2E037 (5/99)