

**2001 UNIFORM BUSINESS REPORT (UBR)**

3/1

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90464 001 \*\*\*272.50

**DOCUMENT # N00000006144**  
 1. Entity Name  
**WOODLAND LAKES PROPERTY OWNERS' ASSOCIATION, INC**

Principal Place of Business 8529 SOUTH PARK CIR. STE 210 ORLANDO FL 32819	Mailing Address 8529 SOUTH PARK CIR. STE 210 ORLANDO FL 32819
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3683893</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPDIRECT AGENTS**  
**103 N MERIDIAN ST**  
**LOWER LEVEL**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name **JEFF TROAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8529 Southpark Circle**  
**Suite 210**  
 City **Orlando** FL Zip Code **32819**

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.  
 SIGNATURE [Signature] DATE 2/15/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONAWAY, GARY J</b> <b>100 S CHARLES ST, STE 1400</b> <b>BALTIMORE MD 21201</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>QUINN, THOMAS J</b> <b>100 S CHARLES ST, STE 1400</b> <b>BALTIMORE MD 21201</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TROAN, GEOFFREY J</b> <b>8529 SOUTH PARK CIR, STE 210</b> <b>ORLANDO FL 32819</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED DATE 407-363-0544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/00)