

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

0013572

**DOCUMENT # N00000006144**

1. Entity Name

**WOODLAND LAKES PROPERTY OWNERS' ASSOCIATION, INC**

05-14-2002 90197 001 \*\*\*272.50

Principal Place of Business

Mailing Address

**8529 SOUTHPARK CIR. STE 210  
 ORLANDO FL 32819**

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 ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3683893**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TROAN, JEFF  
 8529 SOUTHPARK CIRCLE  
 SUITE 210  
 ORLANDO FL 32819**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>D</b> <b>CONAWAY, GARY J</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>100 S CHARLES ST, STE 1400</b>	
CITY-ST-ZIP	<b>BALTIMORE MD 21201</b>	
TITLE NAME	<b>D</b> <b>QUINN, THOMAS J</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>100 S CHARLES ST, STE 1400</b>	
CITY-ST-ZIP	<b>BALTIMORE MD 21201</b>	
TITLE NAME	<b>D</b> <b>TROAN, GEOFFREY J</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>8529 SOUTHPARK CIR, STE 210</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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*

*JEFF Troan* 4/29/02 407-363-0544

CR2E037 (9/01)