


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90006 042 \*\*\*\*61.25

<b>DOCUMENT # N00000006144</b>	
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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44049709



2. Principal Place of Business 8529 SOUTH PARK CIRCLE Suite, Apt. #, etc. SUITE 130 City & State ORLANDO, FLORIDA Zip 32819 Country US	3. Mailing Address 8529 SOUTH PARK CIRCLE Suite, Apt. #, etc. SUITE 130 City & State ORLANDO, FLORIDA Zip 32819 Country US
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07132004 Chg-NP CR2E037 (10/03)

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

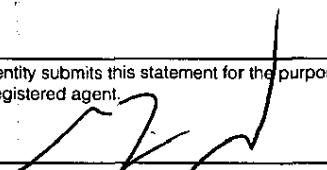
6. Name and Address of Current Registered Agent

TROAN, JEFF  
 8529 SOUTH PARK CIRCLE  
 SUITE 210  
 ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name: TROAN, JEFF  
 Street Address (P.O. Box Number is Not Acceptable): 8529 SOUTH PARK CIRCLE  
 SUITE 130  
 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONAWAY, GARY J 100 S CHARLES ST, STE 1400 BALTIMORE, MD 21201 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINN, THOMAS J 100 S CHARLES ST, STE 1400 BALTIMORE, MD 21201 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROAN, GEOFFREY J 8529 SOUTH PARK CIR, STE 210 ORLANDO, FL 32819 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROAN, GEOFFREY J 8529 SOUTH PARK CIRCLE, STE 130 ORLANDO, FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #