2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

2/

FILED
Mar 01, 2004 8:00 am
Secretary of State
02-10-2004 90036 016 ****61.00
03-01-2004 90054 004 ******.25

DOCUMENT # N01000000246

1. Entity Name

WOODLAND LAKE HOMEOWNER'S ASSOCIATION OF HAINES CITY, INC.

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
5401 US HWY. 17-92 LOT 177 W. HAINES CITY FL 33844-6519	5401 US HWY. 17-92 LOT 177 W. HAINES CITY FL 33844-6519

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3210366 ☐ 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
TERENZIO, ROBERT T 1917 BOOTH CIR., SUITE 171 LONGWOOD FL 32750	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ed Blish Ed Blish 2-02-04
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 Due By May 1, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP OCKER VAN ~~DEMIR~~, GERALD 5401 HWY 17-92 W LOT ~~52~~ 62 HAINES CITY FL 33844	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	ELSWICK, Rachel 5401 Hwy 17-92 W Lot 173 HAINES City, FL 33844	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHROEDER, WERNER 5401 HWY 19-92 W LOT 73 HAINES CITY FL 33844	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SCHROEDER, WERNER 5401 Hwy 17-92 W Lot 73 HAINES City, FL 33844	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BLISH ~~FISH~~, ED 5401 HWY 17-92 W. LOT ~~124~~ 139 HAINES CITY FL 33844	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARDNER, MARY ALICE 5401 SW 17-92 W. LOT 83 HAINES CITY FL 33844	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ISGRO, RUTH 5401 HWY 17-92 W. LOT 105 HAINES CITY FL 33844	☐ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	~~SE~~ Schoch, Jerry W. Lot 49 5401 Hwy 17-92 HAINES City, FL 33844	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHMITMEYER, JAN 5401 HWY 17-92 W. LOT 92 HAINES CITY FL 33844	☐ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	SPANN, Wm James 5401 Hwy 17-92 W Lot 45 HAINES City, FL 33844	☐ Change ☑ 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: James Spann Treasurer 2-27-04 863-956-8410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

James Spann