


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90093 013 ****61.25

DOCUMENT # N01000000246					
1. Entity Name WOODLAND LAKES HOMEOWNER'S ASSOCIATION OF HAINES CITY, INC.					
Principal Place of Business 5401 US HWY. 17-92 LOT 177 W. HAINES CITY, FL 33844-6519			Mailing Address 5401 US HWY. 17-92 LOT 177 W. HAINES CITY, FL 33844-6519		
2. Principal Place of Business		3. Mailing Address		50022538	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02152005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-3210366	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TERENCE, ROBERT T 1917 BOOTH CIR., SUITE 171 LONGWOOD, FL 32750			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 VP NAME VAN OCKER, GERALD STREET ADDRESS 5401 HWY 17-92 W LOT 62 CITY-ST-ZIP HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete		TITLE P NAME Jerry Schoch STREET ADDRESS 5401 HWY 17-92 W Lot 49 CITY-ST-ZIP Haines City, FL 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SCHROEDER, WERNER STREET ADDRESS 5401 HWY 19-92 W LOT 73 CITY-ST-ZIP HAINES CITY, FL 33844	<input type="checkbox"/> Delete		TITLE VP NAME Ron Whitham STREET ADDRESS 5401 HWY 17-92 W Lot 111 CITY-ST-ZIP Haines City, FL 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME BLISH, ED STREET ADDRESS 5401 HWY 17-92 W. LOT 139 CITY-ST-ZIP HAINES CITY, FL 33844	<input type="checkbox"/> Delete		TITLE T NAME James Spann STREET ADDRESS 5401 HWY 17-92 W. Lot 45 CITY-ST-ZIP Haines City, FL 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME GARDNER, MARY ALICE STREET ADDRESS 5401 SW 17-92 W. LOT 83 CITY-ST-ZIP HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete		TITLE D NAME Nancy Walter STREET ADDRESS 5401 HWY 17-92 W Lot 155 CITY-ST-ZIP Haines City, FL 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ISGRO, RUTH STREET ADDRESS 5401 HWY 17-92 W. LOT 105 CITY-ST-ZIP HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete		TITLE P NAME Louis Smart STREET ADDRESS 5401 HWY 17-92 W. Lot 37 CITY-ST-ZIP Haines City, FL 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME SCHMITMEYER, JAN STREET ADDRESS 5401 HWY 17-92 W. LOT 92 CITY-ST-ZIP HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete		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: James Spann James Spann Treasurer			3-2-05 863-956-8410		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		