


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90127 002 \*\*\*\*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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



02232006 Chg-NP CR2E037 (11/05)

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**

**TERENZIO, ROBERT T**  
**1917 BOOTH CIR., SUITE 171**  
**LONGWOOD, FL 32750**

**7. Name and Address of New Registered Agent**

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

**Filing Fee is \$61.25 Due by May 1, 2006**

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	P	<input checked="" type="checkbox"/> Delete
NAME	SCHOCH, JERRY	
STREET ADDRESS	5401 HWY 17-92 W LOT 49	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHROEDER, WERNER	
STREET ADDRESS	5401 HWY 19-92 W LOT 73	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BLISH, ED	
STREET ADDRESS	5401 HWY 17-92 W. LOT 139	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WHITMAN, RON	
STREET ADDRESS	5401 HWY 17-92 W LOT 111	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SPANN, JAMES	
STREET ADDRESS	5401 HWY 17-92 W LOT 45	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALTER, NANCY	
STREET ADDRESS	5401 HWY 17-92 W LOT 155	
CITY-ST-ZIP	HAINES CITY, FL 33844	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LON ADAMS	
STREET ADDRESS	5401 HWY 17-92W Lot #78	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAE TILGHMAN	
STREET ADDRESS	5401 HWY 17-92W #166	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA THOMPSON	
STREET ADDRESS	5401 HWY 17-92W #36	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED. BLISH	
STREET ADDRESS	5401 HWY 17-92W #139	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY WALTER	
STREET ADDRESS	5401 HWY 17-92W #155	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Georgia Lindsey	
STREET ADDRESS	5401 HWY 17-92W #157	
CITY-ST-ZIP	HAINES CITY, FL 33844	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Nancy J. Walter, Treasurer* **2-23-06** **863-242-6488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #