FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90040 039 ****70.00

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02292008 Chg-NP CR2E037 (12/06)

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000000246

1. Entity Name
WOODLAND LAKES HOMEOWNER'S ASSOCIATION OF HAINES CITY, INC.

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 - No P.O. Box #	3. Mailing Address
1901 US HWY 17-92	1901 US HWY 17-92
Suite, Apt. #, etc.: LOT 177	Suite, Apt. #, etc.: LOT 177
City & State: LAKE ALFRED, FL	City & State: LAKE ALFRED, FL
Zip: 33850 Country:	Zip: 33850 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 _____
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 May 1, 2008

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 P NAME ADAMS, LON STREET ADDRESS 1901 US HWY 17-92, BOX 177 CITY-ST-ZIP LAKE ALFRED, FL 33850	☒ Delete	TITLE President NAME Henry Wilcox STREET ADDRESS 1901 US HWY 17/92, Lot 86 CITY-ST-ZIP LAKE Alfred, Fl 33850	☒ Change ☐ Addition
TITLE D NAME TILGHMAN, MAE STREET ADDRESS 1901 US HWY 17-92, BOX 177 CITY-ST-ZIP LAKE ALFRED, FL 33850	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME THOMPSON, BARBARA STREET ADDRESS 1901 US HWY 17-92, BOX 177 CITY-ST-ZIP LAKE ALFRED, FL 33850	☒ Delete	TITLE Secretary NAME Jim Beisner STREET ADDRESS 1901 HWY 17-92, LOT 106 CITY-ST-ZIP LAKE Alfred, Fl. 33850	☐ Change ☐ Addition
TITLE D NAME KNOLL, ED STREET ADDRESS 5401 HWY 17-92 W 139 CITY-ST-ZIP HAINES CITY, FL 33844	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME WHITE, LEE STREET ADDRESS 5401 HWY 17-92 W 155 CITY-ST-ZIP HAINES CITY, FL 33844	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME LINDSEY, GEORGIA STREET ADDRESS 5401 -HWY 17-92 W 157 CITY-ST-ZIP HAINES CITY, FL 33844	☐ Delete	TITLE Treasurer NAME Constance Crowder STREET ADDRESS 1901 US HWY 17/92, Lot 49 CITY-ST-ZIP LAKE Alfred Fl. 33850	☒ Change ☐ Addition

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: Constance J. Crowder Constance J. Crowder 3/7/08 8636625226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #