

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrtham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **N04288** (9)

1. Corporation Name

WOODLAND CREEK HOME OWNERS' ASSOCIATION, INC.

95 APR 28 PM 6:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
7560 WOODLAND CREEK LANE LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/20/1984	3a. Date of Last Report 02/15/1994
4. FEI Number 59-2445924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
Country	30. Country

9. Name and Address of Current Registered Agent

**NORRIS, DAVID B
712 US HWY ONE
NO PALM BCH FL 33408**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DECORATO, SAM L
STREET ADDRESS	7450 HAZELWOOD CIR.
CITY-ST-ZIP	LAKE WORTH FL
TITLE	VPD
NAME	DOLAN, PHYLLIS
STREET ADDRESS	6200 SILVER OAK DR.
CITY-ST-ZIP	LAKE WORTH FL
TITLE	SD
NAME	ZEITELHACK, DORIS
STREET ADDRESS	7396 HAZELWOOD CIR.
CITY-ST-ZIP	LAKE WORTH FL
TITLE	ASD
NAME	DIPIETRO, FRANK
STREET ADDRESS	7395 WOODLAND CREEK LANE
CITY-ST-ZIP	LAKE WORTH FL
TITLE	TD
NAME	PAOLETTI, BARBARA A
STREET ADDRESS	7340 WOODLAND CREEK LANE
CITY-ST-ZIP	LAKE WORTH FL
TITLE	ATD
NAME	HARRINGTON, NANCY
STREET ADDRESS	8185 SILVER OAK DR.
CITY-ST-ZIP	LAKE WORTH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Asst. Sec./Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Raymond George	
1.3 STREET ADDRESS	6140 Silver Oak Dr.	
1.4 CITY-ST-ZIP	Lake Worth, FL 33467	
2.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Secr/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Annette Katarincic	
3.3 STREET ADDRESS	6115 Silver Oak Dr.	
3.4 CITY-ST-ZIP	Lake Worth, FL 33467	
4.1 TITLE	Vice Pres/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Asst. Treas/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Dorothea Rimel	
6.3 STREET ADDRESS	7505 Woodland Creek Lane	
6.4 CITY-ST-ZIP	Lake Worth, FL 33467	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Barbara A. Paolotti 4/8/95 707-395-1102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone No.)
BARBARA A. PAOLETTI