

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N04288** (9)
1. Corporation Name
WOODLAND CREEK HOME OWNERS' ASSOCIATION, INC.



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

| | | | | | | | |
|--|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/20/1984 | | 3a. Date of Last Report 04/28/1995 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-2445924 | | Applied For Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| NORRIS, DAVID B 712 US HWY ONE NO PALM BCH FL 33408 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City FL 85 Zip Code | | | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|--------------------------|
| TITLE | ASD | 1.1 TITLE | PD |
| NAME | GEORGE, RAYMOND | 1.2 NAME | EHMKE, HOWARD |
| STREET ADDRESS | 6140 SILVER OAK DRIVE | 1.3 STREET ADDRESS | 7480 WOODLAND CREEK LANE |
| CITY-ST-ZIP | LAKE WORTH FL | 1.4 CITY-ST-ZIP | LAKE WORTH FL |
| TITLE | PD | 2.1 TITLE | VPD |
| NAME | DOLAN, PHYLLIS | 2.2 NAME | GEORGE, RAYMOND |
| STREET ADDRESS | 6200 SILVER OAK DR. | 2.3 STREET ADDRESS | 6140 SILVER OAK DRIVE |
| CITY-ST-ZIP | LAKE WORTH FL | 2.4 CITY-ST-ZIP | LAKE WORTH, FL |
| TITLE | SD | 3.1 TITLE | SD |
| NAME | KATARINIC, ANNETTE | 3.2 NAME | GONZALEZ, LUZ N. |
| STREET ADDRESS | 6115 SILVER OAK DRIVE | 3.3 STREET ADDRESS | 6065 BIRCH TREE TERRACE |
| CITY-ST-ZIP | LAKE WORTH FL | 3.4 CITY-ST-ZIP | LAKE WORTH, FL |
| TITLE | VPD | 4.1 TITLE | TD |
| NAME | DIPIETRO, FRANK | 4.2 NAME | CECERE, JESSICA |
| STREET ADDRESS | 7395 WOODLAND CREEK LANE | 4.3 STREET ADDRESS | 7690 WOODLAND CREEK LANE |
| CITY-ST-ZIP | LAKE WORTH FL | 4.4 CITY-ST-ZIP | LAKE WORTH, FL |
| TITLE | TD | 5.1 TITLE | |
| NAME | PAOLETTI, BARBARA A | 5.2 NAME | |
| STREET ADDRESS | 7340 WOODLAND CREEK LANE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL | 5.4 CITY-ST-ZIP | |
| TITLE | ATD | 6.1 TITLE | |
| NAME | RIMEL, DOROTHEA | 6.2 NAME | |
| STREET ADDRESS | 7505 WOODLAND CREEK LANE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL | 6.4 CITY-ST-ZIP | |

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)