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Apr 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33467-6529

3. Date Incorporated or Qualified 07/20/1984 3a. Date of Last Report 03/29/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2445924 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 25 29 30 B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
NORRIS, DAVID B 81 Name
712 US HWY ONE 82 Street Address (P.O. Box Number is Not Acceptable)
NO PALM BCH FL 33408 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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGED, RAYMOND	1.2 NAME	
STREET ADDRESS	6140 SILVER OAK DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL 0000	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHMKE, HOWARD	2.2 NAME	
STREET ADDRESS	7480 WOODLAND CREEK LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL	2.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	ATD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CECERE, JESSICA	3.2 NAME	CECERE, JESSICA
STREET ADDRESS	7690 WOODLAND CREEK LANE	3.3 STREET ADDRESS	7690 WOODLAND CREEK LANE
CITY - ST - ZIP	LAKE WORTH FL	3.4 CITY - ST - ZIP	LAKE WORTH, FL 33467
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, LUZ N.	4.2 NAME	GONZALEZ, AL
STREET ADDRESS	6065 ABIRCH TREE TERR.	4.3 STREET ADDRESS	6065 ABIRCH TREE TERRACE
CITY - ST - ZIP	LAKE WORTH FL	4.4 CITY - ST - ZIP	LAKE WORTH, FL 33467
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	PIERCE, BETTY
STREET ADDRESS		5.3 STREET ADDRESS	7407 HAZELWOOD CIRCLE
CITY - ST - ZIP		5.4 CITY - ST - ZIP	LAKE WORTH, FL 33467
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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] DATE: 3/21/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044152

CR2E037 (9/96)