


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N04288 (9)**  
 1. Corporation Name  
**WOODLAND CREEK HOME OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>7560 WOODLAND CREEK LANE LAKE WORTH FL 33467</b>	Mailing Address <b>7560 WOODLAND CREEK LANE LAKE WORTH FL 33467</b>
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3. Date Incorporated or Qualified <b>07/20/1984</b>	
4. FEI Number <b>59-2445924</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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**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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GEORGED, RAYMOND	
STREET ADDRESS	6140 SILVER OAK DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 0000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EHMKE, HOWARD	
STREET ADDRESS	7480 WOODLAND CREEK LANE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	CECERE, JESSICA	
STREET ADDRESS	7690 WOODLAND CREEK LANE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, AL	
STREET ADDRESS	6065 ABIRCH TREE TERR.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PIERCE, BETTY	
STREET ADDRESS	7407 HAZELWOOD CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CAMACHO, RALPH	
2.3 STREET ADDRESS	7431 HAZELWOOD CIRCLE	
2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	6065 BIRCH TREE TERR	<b>X CORRECTION</b>
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Beth Pierce* **BETTY PIERCE** 2/27/98 561-967-4525

CR2E037 (10/97)