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Mar 01, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N04288 1. Corporation Name WOODLAND CREEK HOME OWNERS' ASSOCIATION, INC.		
Principal Place of Business 7560 WOODLAND CREEK LANE LAKE WORTH FL 33467	Mailing Address 7560 WOODLAND CREEK LANE LAKE WORTH FL 33467	

ISSUED WITH DISK *****
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2. Principal Place of Business 21	2a. Mailing Address 20	3. Date incorporated or Qualified 07/20/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2445924
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		NOTE: Registered Agent signature required when resigning.	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME GEORGED, RAYMOND STREET ADDRESS 6140 SILVER OAK DRIVE CITY-ST-ZIP LAKE WORTH FL 0000	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT 1.2 NAME CAMACHO, RALPH PD 1.3 STREET ADDRESS 7431 HAZELWOOD CIRCLE 1.4 CITY-ST-ZIP LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME CAMACHO, RALPH STREET ADDRESS 7431 HAZELWOOD CIR CITY-ST-ZIP LAKE WORTH FL 33467	<input type="checkbox"/> DELETE	2.1 TITLE VICE PRESIDENT 2.2 NAME (Remove) FRED PILCH VPD 2.3 STREET ADDRESS 7474 HAZELWOOD CIRCLE 2.4 CITY-ST-ZIP LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ATD NAME CECERE, JESSICA STREET ADDRESS 7660 WOODLAND CREEK LANE CITY-ST-ZIP LAKE WORTH FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME GONZALEZ, AL STREET ADDRESS 6065 BIRCH TREE TERR CITY-ST-ZIP LAKE WORTH FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME Adalberto Gonzalez TD 4.3 STREET ADDRESS 6065 Birch Tree Terr 4.4 CITY-ST-ZIP Lake Worth	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME PIERCE, BETTY STREET ADDRESS 7407 HAZELWOOD CIRCLE CITY-ST-ZIP LAKE WORTH FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME SECRETARY MAAS, PHYLLIS SD 5.3 STREET ADDRESS 7565 WOODLAND CREEK LANE 5.4 CITY-ST-ZIP LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Signature Required 28-99 561-963-4077
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/88)