


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005 8:00 am
Secretary of State

09-07-2005 90011 023 ****61.25

DOCUMENT # N04288					
1. Entity 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2445924	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NORRIS, DAVID B 712 US HWY ONE NO PALM BCH, FL 33408			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAHMAN, ROBERT		NAME	Harry Richards - P	
STREET ADDRESS	7497 HAZELWOOD CIRCLE		STREET ADDRESS	7494 Hazelwood Cir	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	Lake Worth FL 33467	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VPres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMILTON, WILLIAM		NAME	Brian Mead - VP	
STREET ADDRESS	7511 HAZELWOOD CIRCLE		STREET ADDRESS	7530 Hazelwood Cir	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	Lake Worth FL 33467	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, JOHN G		NAME	Don Sherwood - T	
STREET ADDRESS	7482 HAZELWOOD CIRCLE		STREET ADDRESS	7700 Woodland Creek Lane	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	Lake Worth FL 33467	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM, KAYE		NAME		
STREET ADDRESS	7383 HAZELWOOD CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Don Sherwood</i> Don Sherwood			8-24-05 561-601-4499		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		