

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N05831** (5)

1. Corporation Name

**WOODLAND ESTATES PROPERTY OWNERS' ASSOCIATION, I
NC.**



Principal Place of Business

Mailing Address

**5910 STONEWOOD CT.
JUPITER FL 33458**

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JUPITER FL 33458**

3. Date Incorporated or Qualified
10/24/1984

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22

27

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

City & State

City & State

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ST. JOHN, DAVID
500 AUSTRALIAN AVE. SO. #800
W PALM BEACH FL 33401**

81 Name

82 Street Address (P.O. Box Noted as Not Applicable)

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 **DP** ☐ DELETE
NAME **OSTERGAARD, BENT**
STREET ADDRESS **5763 FORESTWOOD CT**
CITY-ST-ZIP **JUPITER FL**

1.1 TITLE **DT** ☐ Change ☒ Addition
1.2 NAME **Rosemarie Siebeneck**
1.3 STREET ADDRESS **5822 Stonewood Ct.**
1.4 CITY-ST-ZIP **Jupiter, FL. 33458** ☐ Change ☒ Addition

TITLE **D** ☐ DELETE
NAME **WALSH, ROBERT**
STREET ADDRESS **5900 STONEWOOD CT**
CITY-ST-ZIP **JUPITER FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Riki Maeda**
2.3 STREET ADDRESS **5781 Marblewood Ct.**
2.4 CITY-ST-ZIP **Jupiter, FL. 33458** ☐ Change ☐ Addition

TITLE **VP** ☒ DELETE
NAME **TALIAFERRO, WM.**
STREET ADDRESS **5748 TURNWOOD CT**
CITY-ST-ZIP **JUPITER FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **GEIGER, HILDA A**
STREET ADDRESS **5763 PEACHWOOD CT**
CITY-ST-ZIP **JUPITER FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **MITCHELL, JAY**
STREET ADDRESS **5905 STONEWOOD CT**
CITY-ST-ZIP **JUPITER FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **DT** ☒ DELETE
NAME **ROUGEAU, RHEA**
STREET ADDRESS **5742 TURNWOOD CT**
CITY-ST-ZIP **JUPITER FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Hilda A. Geiger, Secy.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cell

Daytime Phone #

CR2E037 (12/95)