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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

161

1. Corporation Name										
WOODLANDS VILLAGE HOMEOWNERS ASSOCIATION, INC.										
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Principal Place of Business Mailing A				ling Address				- 1 14015101 861 80118 01180 11101 01110 1411 810	il eleif block bibl	
7109 WOODED VILLAGE LN PO BOX 1711										
ORLANDO FL		•	WINDERMERE FL 34786-1711			3. Date Incorporated or Qualified				
US			US			11/28/1984 4. FEI Number				
								•	<del> </del>	Applied For
2. Principal P	Place of Busin	ness	2a. Mailing Address			59-2879092		Not Applicable		
21			26			5. Certificate of Status Desired		5 Additional		
Suite, Apt.	#, etc.		( - · )	Suite, Apt. #, etc.				6. Election Campaign Financing		Required  May Be
22			27				Trust Fund Contribution		лмау ве i to Fees	
City & Stat	е		City & State				7. Is this nonprofit corporation a homeow		****	
23			28				☐ Yes ☐ No			
Zip		Country	Zip	'	Country	<i>,</i>		8. This corporation owes or has paid the	current year	Intangible
24	25 29			30	30			Personal Property Tax due June 30. 🔲 Yes 🛂 No		
9. Name and Address of Current Registered Agent 81								10. Name and Address of New Register	ed Agent	
						Name		•		
JONES, GORDON					82 Street Address (P.O. Box Number is Not Acceptable)					
7109 WOODED VILLAGE LN					00					
ORLANDO FL 32835					83					
					<b>84</b> City				.   85 Zi	p Code
11 Durament to the provisions of Casting City and						ļ			L	
office or r	egistered ag m familiar wi	pent, or both, in the State of the accept the obligat	of Florida. Such change with the control of the con	as author Florida	e abov rized by Statute	e-named / the cor s.	poratio	ration submits this statement for the purpose n's board of directors. I hereby accept the a	or changing pointment a	its registered as registered
SIGNATURE			• • • • • • • • • • • • • • • • • • • •							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ragister						ent signature	required	when reinstating) DATE		
12.	CFFICERS AND				13.		,	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD		L DELETE		1.1 TITLE				L Change	Addition
NAME		GORDON		1.2 NAME						
STREET ADDRESS		OODED VILLAGE LN			1.3 STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL		□ DÉLETE		1.4 CITY-ST-ZIP		50			
TITLE	SD Costales, Lilia		LLY DESCRIE	i i	2.1 TITLE		N c	MINGTON, JOAN 55 WOODLANDS VILLAGE	Change	Addition
NAME		•					76	55 WOODLANDS VILLAGE	PR.	
STREET ADDRESS	7108 WOODED VILLAGE LN ORLANDO FL				2.3 STREET ADDRESS		OR	LANDO FL 32835		
CITY-ST-ZIP TITLE	TD		DELETE		2. 4 CITY-ST-ZIP 3.1 TITLE					F 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
NAME	· ·		E3 Officie	3.2 NAME			TO		Change	Addition
	SAVAGE, CHERYL 7142 WOODED VILLAGE LN			1			PE	HACH, KENNETH		- 1
STREET ADDRESS	ORLANDO FL				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		(1)	46 SHADY WOOD LANE 2LANDO EL: 32835		
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NAME			&						L Change	Addition
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l l										
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CITY-ST-ZIP					5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
TITLE			☐ DELETE		4 CITY-S 1 TITLE	1-2lP			Change	Addition
NAME					2 NAME				change	
STREET ADDRESS					6.3 STREET ADDRESS					į
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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:

667-9399 x333

**FILED** 

Feb 04 1998 8:00am

Secretary of State