

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **N21252** (4)

95 FEB 24 AM 11:32

1. Corporation Name  
**WOODS WALK HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**% ASSOCIATED PROPERTY MANAGEMENT**  
**400 S DOXE HWY SUITE #10**  
**LAKE WORTH FL 33460**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/22/1987** 3a. Date of Last Report **04/06/1994**  
4. FEI Number **65-0054869** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**ASSOCIATED PROPERTY MANAGEMENT**  
**400 S DOXE HIGHWAY SUITE 10**  
**LAKE WORTH FL 33460**

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 **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<del>SD</del>
NAME	<del>O'CONNOR, TIMOTHY</del>
STREET ADDRESS	<del>1025 CROSS PINE CT</del>
CITY - ST - ZIP	<del>LAKE WORTH FL</del>
TITLE	<del>PD</del>
NAME	<del>MCKNIGHT, SUSAN</del>
STREET ADDRESS	<del>3847 WOODS WALK BLVD</del>
CITY - ST - ZIP	<del>LAKE WORTH FL</del>
TITLE	<del>TD</del>
NAME	<del>MORETTI, JUDITH</del>
STREET ADDRESS	<del>3545 LITTLE PINE LANE</del>
CITY - ST - ZIP	<del>LAKE WORTH FL</del>
TITLE	<del>D</del>
NAME	<del>EBY, MICHAEL E.</del>
STREET ADDRESS	<del>3875 WOODS WALK BLVD</del>
CITY - ST - ZIP	<del>LAKE WORTH FL</del>
TITLE	<del>D</del>
NAME	<del>HANGELMAN, DALE</del>
STREET ADDRESS	<del>8735 WOOD PINE CT</del>
CITY - ST - ZIP	<del>LAKE WORTH FL</del>
TITLE	<del>D/S</del>
NAME	<del>GRADANSKI, DIANE</del>
STREET ADDRESS	<del>9884 CROSS PINE CT</del>
CITY - ST - ZIP	<del>LAKE WORTH FL</del>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Frank Goldsmith</b>	
1.3 STREET ADDRESS	<b>9927 Pine Dust Court</b>	
1.4 CITY - ST - ZIP	<b>LAKE WORTH 33467</b>	
2.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Thomas Choy</b>	
2.3 STREET ADDRESS	<b>9926 Pine Dust Court</b>	
2.4 CITY - ST - ZIP	<b>LAKE WORTH 33467</b>	
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		
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	<b>D/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D/S</b>	
6.3 STREET ADDRESS	<b>D/S</b>	
6.4 CITY - ST - ZIP	<b>D/S</b>	

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 19.07(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: Frank Goldsmith Date: 2/14/95 (407) 65-9599