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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21252 (4)
1. Corporation Name
WOODS WALK HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business % ASSOCIATED PROPERTY MANAGEMENT 400 S DIXIE HWY SUITE #10 LAKE WORTH FL 33460	Mailing Address % ASSOCIATED PROPERTY MANAGEMENT 400 S DIXIE HWY SUITE #10 LAKE WORTH FL 33460-4455
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3. Date Incorporated or Qualified 06/22/1987	3a. Date of Last Report 04/04/1996
4. FEI Number 65-0054869	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent
**ASSOCIATED PROPERTY MANagements
400 S DIXIE 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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	GOLDSMITH, FRANK
STREET ADDRESS	9927 PINE DUST COURT
CITY-ST-ZIP	LAKE WORTH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	AYER, ROSA
STREET ADDRESS	3843 WOODS WALK BLVD
CITY-ST-ZIP	LAKE WORTH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	GRADOMSKI, DIANE
STREET ADDRESS	9884 CROSS PINE CT
CITY-ST-ZIP	LAKE WORTH FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	SCHOENBERG, ED
STREET ADDRESS	3606 WOODS WALK BLVD
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DAVIS, JEFF
STREET ADDRESS	3590 WOODS WALK BLVD
CITY-ST-ZIP	LAKE WORTH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D WALK, Thomas
1.3 STREET ADDRESS	3605 Cypress Wood Court
1.4 CITY-ST-ZIP	L.W., FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
5.2 NAME	D Papa, Denise
5.3 STREET ADDRESS	3711 Woods Walk Blvd
5.4 CITY-ST-ZIP	L.W., FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Sandra B. Mortham **REQUIRED** Date: 3/27/97 Daytime Phone # 0038150

CR2E037 (9/96)