

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

0033996

04-03-2001 90032 037 ****61.25

DOCUMENT # N21252

1. Entity Name

WOODS WALK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% ASSOCIATED PROPERTY MANAGEMENT
 400 S DIXIE HWY SUITE #10
 LAKE WORTH FL 33460

% ASSOCIATED PROPERTY MANAGEMENT
 400 S DIXIE HWY SUITE #10
 LAKE WORTH FL 33460

00030914



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0054869

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**ASSOCIATED PROPERTY MANagements
 400 S DIXIE HIGHWAY SUITE 10
 LAKE WORTH FL 33460**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	BST SMITH, LINDA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3711 WOODS WALK BLVD LAKE WORTH FL	
TITLE NAME	DP PASCALE, VICTOR	<input type="checkbox"/> Delete
STREET ADDRESS	9744 WOOD PINE COURT LAKE WORTH FL	
TITLE NAME	TD GRADOMSKI, DIANE	<input type="checkbox"/> Delete
STREET ADDRESS	9864 CROSS PINE CT LAKE WORTH FL	
TITLE NAME	VPD SCHOENBERG, ED	<input type="checkbox"/> Delete
STREET ADDRESS	3606 WOODS WALK BLVD LAKE WORTH FL	
TITLE NAME	D PAPA, DENISE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3711 WOODS WALK BLVD. LAKE WORTH FL	
TITLE NAME		<input type="checkbox"/> Delete

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		

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: *Denise PAPA* **REQUIRED** 3/30/01 561-588-7210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)