


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

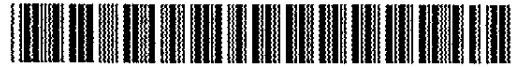
FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N30272
 1. Entity Name
WOODBURY HOMEOWNERS' ASSOCIATION OF LAKELAND, INC.



Principal Place of Business Mailing Address
PO BOX 1232 **PO BOX 1232**
KATHLEEN, FL 33849 US **KATHLEEN, FL 33849 US**

DO NOT WRITE IN THIS SPACE



01202004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-2956012 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent
ESTES, THOMAS
5722 MANCHESTER DR E
LAKELAND, FL 33810

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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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: *Thomas B Estes* *Thomas B Estes* *1/21/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESTES, THOMAS 5722 MANCHESTER DR E LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUARD, PIERCE JR. 2102 SAXON LANE LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAHN, JEROME 5745 MANCHESTER DR. W. LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TANKSLEY, ERNIE 5727 MANCHESTER DR E LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STORTS, ROBERT 5817 MANCHESTER DR W LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000010772
 01/23/04-80012-003 61.25

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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: *Jerome B Hahn* *Jerome B Hahn* *1/21/04* *863-916-0582*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #