
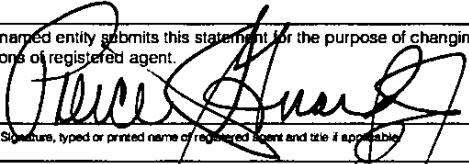
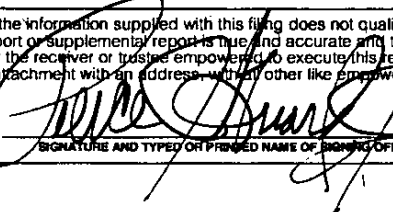


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90549 018 ****61.25

DOCUMENT # N30272					
1. Entity Name WOODBURY HOMEOWNERS' ASSOCIATION OF LAKELAND, INC.					
Principal Place of Business PO BOX 1232 KATHLEEN, FL 33849 US			Mailing Address PO BOX 1232 KATHLEEN, FL 33849 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2956012	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ESTES, THOMAS 5722 MANCHESTER DR E LAKELAND, FL 33810			Name Pierce J. Guard, Jr. Street Address (P.O. Box Number is Not Acceptable) 2102 Saxon Lane City Lakeland FL Zip Code 33810		
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 		PIERCE J. GUARD, JR.		4/29/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESTES, THOMAS 5722 MANCHESTER DR E LAKELAND, FL 33810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Guard, Jr., Pierce J. 2102 Saxon Lane, Lakeland, FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUARD, PIERCE JR. 2102 SAXON LANE LAKELAND, FL 33810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Basiliere, Laura 5802 Manchester Dr, E Lakeland, FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAHN, JEROME 5745 MANCHESTER DR. W. LAKELAND, FL 33810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TANKSLEY, ERNIE 5727 MANCHESTER DR E LAKELAND, FL 33810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Craft, Ken 5822 Danterbury Ct., Lakeland, FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STORTS, ROBERT 5817 MANCHESTER DR W LAKELAND, FL 33810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Willis, Percy 2164 Woodbury Blvd., Lakeland, FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 		PIERCE J. GUARD, JR.		4/29/05 863-802-3723	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	