

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N50324 (5)**

1. Corporation Name

**THE WOODLANDS AT CAROLINA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: **C/O SUNVEST MANAGEMENT 1100 S STATE ROAD 7, STE 100 MARGATE FL 33068 US**

Mailing Address: **C/O SUNVEST MANAGEMENT 1100 S STATE ROAD 7, STE 100 MARGATE FL 33068 US**

3. Date Incorporated or Qualified: **08/12/1992**

3a. Date of Last Report: **04/27/1995**

4. FEI Number: **65-0354970**

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

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 Sunvest Management**

2a. Mailing Address: **26 Suite A**

22. Suite, Apt. #, etc.: **441 South State Rd 7**

27. Suite, Apt. #, etc.: **Suite A**

23. City & State: **Margate FL**

28. City & State: **Margate FL**

24. Zip: **33068**

25. Country: **USA**

29. Zip: **33068**

30. Country: **USA**

9. Name and Address of Current Registered Agent

**HIGH, STEVE  
SUNVEST MANAGEMENT  
1100 S STATE ROAD 7, SUITE 100  
MARGATE FL 33068**

10. Name and Address of New Registered Agent

**81 Name: Sunvest Management**

**82 Street Address (P.O. Box Number is Not Acceptable): 441 South State Road 7, Suite A**

**83 City: Margate FL**

**84 City: Margate FL**

**85 Zip Code: 33068**

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: *[Signature]* **Steve High** DATE: **2-8-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ERB, ELIZABETH	
STREET ADDRESS	3118 BAYBERRY WAY	
CITY-ST-ZIP	MARGATE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HALASKA, ANTON	
STREET ADDRESS	3085 BAYBERRY WAY	
CITY-ST-ZIP	MARGATE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PLOUGH, MAURICE	
STREET ADDRESS	3102 BAYBERRY WAY	
CITY-ST-ZIP	MARGATE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ESPOSITO LORI	
STREET ADDRESS	3078 BAYBERRY WAY	
CITY-ST-ZIP	MARGATE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LUNNEY, TIMOTHY	
STREET ADDRESS	3078 BAYBERRY WAY	
CITY-ST-ZIP	MARGATE 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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	UPD Williams, Linda
2.3 STREET ADDRESS	3036 Bayberry Way
2.4 CITY-ST-ZIP	Margate FL 33063
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Schinelli, John
3.3 STREET ADDRESS	3084 Bayberry Way
3.4 CITY-ST-ZIP	Margate FL 33063
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD, ATIAS, Al
4.3 STREET ADDRESS	3156 Bayberry Way
4.4 CITY-ST-ZIP	Margate FL 33063
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	<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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: *[Signature]* **Elizabeth T. Erb** Date: **2/8/96** Daytime Phone: **330-241-1111**

CR2E037 (12/95)