

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50324
1. Corporation Name
The Woodlands at Carolina Homeowners Assoc, Inc.

Principal Place of Business: _____ Mailing Address: _____

3. Date Incorporated or Qualified
8/12/92

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**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business	2a. Mailing Address
21. <i>610 United Community Mgmt.</i>	26. <i>610 United Community Mgmt.</i>
Suite, Apt #, etc.	Suite, Apt #, etc.
22. <i>3300 University Dr. #405</i>	27. <i>3300 University Dr. #405</i>
City & State	City & State
23. <i>Coral Springs, FL</i>	28. <i>Coral Springs, FL</i>
Zip	Zip
24. <i>33065</i>	29. <i>33065</i>
Country	Country
25. <i>USA</i>	30. <i>USA</i>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name	<i>United Community Mgmt Corp.</i>
82. Street Address (P.O. Box Number is Not Acceptable)	<i>3300 University Dr. #405</i>
83. City	<i>Coral Springs</i>
84. State	<i>FL</i>
85. Zip Code	<i>33065</i>

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: *United Community Mgmt. Corp. [Signature]* DATE: *5/7/98*

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>Betty Erb</i>
1.3 STREET ADDRESS	<i>3181 Bayberry way</i>
1.4 CITY-ST-ZIP	<i>Margate, FL 33063</i>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>JD Albert Afias</i>
2.3 STREET ADDRESS	<i>3156 Bayberry way</i>
2.4 CITY-ST-ZIP	<i>Margate, FL 33063</i>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>SD Lori Ann Esposito</i>
3.3 STREET ADDRESS	<i>3078 Bayberry way</i>
3.4 CITY-ST-ZIP	<i>Margate, FL 33063</i>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>VD Brenda Carley</i>
4.3 STREET ADDRESS	<i>3150 Bayberry way</i>
4.4 CITY-ST-ZIP	<i>Margate, FL 33063</i>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>VD Albert Guastafeste</i>
5.3 STREET ADDRESS	<i>3305 Bayberry way</i>
5.4 CITY-ST-ZIP	<i>Margate, FL 33063</i>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>100002546391</i>
6.3 STREET ADDRESS	<i>-06/03/98--01086--017</i>
6.4 CITY-ST-ZIP	<i>***61.25</i>

14. 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 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]* DATE: *5/7/98* TELEPHONE: *344-2462*

CR2E037 (10/97)