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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000004305

1. Corporation Name
WOODBURY PARK HOMEOWNERS ASSOCIATION, INC.

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|---|---|
| Principal Place of Business WOODBURY PARK HOMEOWNER ASSOC. 1101 N. KELLER RD. SUITE F ORLANDO FL 32810 US | Mailing Address WOODBURY PARK HOMEOWNER ASSOC. 1101 N. KELLER RD. SUITE F ORLANDO FL 32810 US |
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|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 08/19/1996 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-3434025 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees |
| Country 29 | Zip 30 | Trust Fund Contribution |

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|---|--|--|
| 9. Name and Address of Current Registered Agent KATANICH, SAMUEL L 4005 MARONDA WAY SANFORD FL 32771 | <input checked="" type="checkbox"/> DELETE | 10. Name and Address of New Registered Agent 81 Name Luis Santiago 82 Street Address (P.O. Box Number is Not Acceptable) 12605 PARKBURY DRIVE 83 84 City Orlando FL 85 Zip Code 32828 |
|---|--|--|

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE PD | SCOTT, HOWARD 1101 N KELLER RD STE F ORLANDO FL 32810 | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE President 1.2 NAME Luis A. Santiago 1.3 STREET ADDRESS 12605 Parkbury Dr. 1.4 CITY-ST-ZIP Orlando, FL 32828 |
| TITLE VD | LOGSDON, JEFF 1101 N KELLER RD STE F ORLANDO FL 32810 | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE VICE PRESIDENT 2.2 NAME Todd E. Abbieh 2.3 STREET ADDRESS 12821 PARKBURY DR 2.4 CITY-ST-ZIP ORLANDO FL 32828 |
| TITLE TD | KATANICH, SAMUEL L 4005 MARONDA WAY SANFORD FL 32771 | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE Treasurer 3.2 NAME Franklyn Soto 3.3 STREET ADDRESS 12625 PARKBURY DR 3.4 CITY-ST-ZIP ORLANDO FL 32828 |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE PUBLIC RELATIONS 4.2 NAME TIM YEAGLEY 4.3 STREET ADDRESS 12812 PARKBURY DR 4.4 CITY-ST-ZIP ORL FL 32828 |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE Secretary 5.2 NAME Linda S Liano Orlando 5.3 STREET ADDRESS 12715 Parkbury Dr. 32828 5.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP |

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 in an attachment with an address, with all other like empowered.

SIGNATURE: Luis A. Santiago 2-9-99 407-277-3726
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)