FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001191

Corporation Name

WOODSTONE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business									
5300 SOUTH ORANGE AVENUE ORLANDO FL 32809									

2. Principal Place of Business

Mailing Address

2a. Mailing Address

5300 SOUTH ORANGE AVENUE ORLANDO FL 32809

FILED Mar 02, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

1		ŭ				03/03/1997								
Suite, Apt.	#. etc.	26	Suite, Apt. #, etc.				4. FEI Number					- Applied For		
22	.,	27					59-3479102				Not Applicable			
City & State City & State										\$8.	75 A	ditional		
28					5. Certificate of Status Desired				F	ee Rec	uired			
Zip	Country Zip				ntry		6. Election Campaign Financing				\$5.00 May Be			
4	25 29 30						, Trust Fund Contribution				Added to Fees			
	9. Name and Address of Current				10. Name and Address	of New R	egistered /	Agent						
					81	Name								
GLANCE, GEORGE						Street Add	tress (P.O. Box Number is No	t Accepta	ble)	·				
108 PARK PLACE BLVD						Ou con Add	5,000 (1 . o . b o x 1 tall 100 . lb 110		,		2			
KISSIMMEE FL 34741														
MOOIMME	L1 L 34/41				84					85	Zip C	odo		
					04	City			FL	65	Zib O			
11. Pursuant	to the provisions of Sections 617.0502	and 6	17,1508, Florida Statute	s, the a	bove	-named cor	poration submits this statemen	nt for the	purpose of	changi	ng its r	egistered		
office or re	egistered agent, or both, in the State of	f Floric	ia. Such change was au	ithonzec	ועטנ	the corporat	tion's board of directors. I here	by accep	t the appoir	tment	as reg	istered		
agent. i a	m familiar with, and accept the obligation	ons or,	, Section 617,0505, Flor	iua Stati	utes.							j		
SIGNATURE	Signature, typed or printed name of registered agent	and title i	if applicable (NOTE:	Registered	Agent	signature requir	red when reinstating)		DATE					
12.	OFFICERS AND			13.			ADDITIONS/CHANGE	S TO OFF	ICERS AN	D DIR	ECTO	RS IN 12		
TITLE	D	☐ DELETE									ange	☐ Addition		
NAME	HARRELL, ROBERT			1.2 N	AME									
STREET ADDRESS	5300 SOUTH ORANGE AVENUE			135	REET	ADORESS								
	ORLANDO FL 32809				TY-ST									
TITLE	D		☐ DELETE	2.1 TI		-215				Ch	ange	Addition		
	SMITH. ROGER			2.2 N							-	_		
NAME						ADDRESS	1					1		
STREET ADDRESS	5300 SOUTH ORANGE AVENUE						'				-	"		
CITY-ST-ZIP	ORLANDO FL 32809		☐ DELETE	3.1 11	ITY-SI	-ZIP			<u></u>	Ch	ange	Addition		
TITLE	D OLANOS OSOBOS		C. DECETE	1										
NAME	GLANCE, GEORGE			3.2 N					•					
STREET ADDRESS	108 PARK PLACE BLVD			ı		ADDRESS		•				,		
CITY-ST-ZIP	KISSIMMEE FL 32809			_	ITY- \$1	-ZIP				CIC		Addition		
TITLE			☐ DELETE	4.1 TI						. [] (-)	anye			
NAME				4. 2 N	AME									
STREET ADDRESS				4.3 S	TREET	ADDRESS	•					İ		
CITY-ST-ZIP				_	TY-ST	-ZIP	·			<u></u>		TTT A JUliana		
TILE			□ DELETE	5.1 TI						C) C	ange	Addition		
NAME				5.2 N					•			[
STREET ADORESS						ADDRESS		٠.						
CITY-ST-ZIP					TY-ST	-ZIP								
TITLE			☐ DELETE	6.1 TT			•	÷		☐ CI	ange	Addition		
NAME				6.2 N	AME	1								
STREET ADDRESS				6.3 S	TREET	ADDRESS								
CITY-ST-ZIP				6.4 CI	TY-ST	-2IP								

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 arrhual 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, with all other like empowered.

SIGNATURE:

THE END TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

<u> 221299 (4M) 859-2608</u>

42EU3/ (11/98)