

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PH 7:42

NEW YORK STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001108  
1. Corporation Name

WOODBURY GLEN HOMEOWNERS ASSOCIATION INC

Principal Place of Business	Mailing Address
2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044	2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3256423	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	Country	Country
24	25	29	30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name JAMES W HART JR
	82 Street Address (P.O. Box Number is Not Acceptable) SENTRY MANAGEMENT INC
	83 2180 WEST SR 434 SUITE 5000
	84 City LONGWOOD FL 85 Zip 32779

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* Agent DATE: 3/7/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1. TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2. NAME	BALL, ALAN
STREET ADDRESS		3. STREET ADDRESS	237 S WESTMONTE DR, STE 111
CITY ST ZIP		4. CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714
TITLE		2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	BYRNES, DAVID
STREET ADDRESS		2.3 STREET ADDRESS	237 S WESTMONTE DR, STE 111
CITY - ST - ZIP		2.4 CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714
TITLE		3.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	MONTGOMERY, KATHERINE
STREET ADDRESS		3.3 STREET ADDRESS	237 S WESTMONTE DR, STE 111
CITY - ST - ZIP		3.4 CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714
TITLE		4.1 TITLE	700001485237 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	-05/12/95--01018--019
CITY - ST - ZIP		4.4 CITY - ST - ZIP	***130.00 ***130.00
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: *[Signature]* KATHERINE MONTGOMERY DATE: 4-3-95