

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

FILED
Feb 05 1996 8:00 am
Secretary of State

DOCUMENT # **N01311** (2)

1. Corporation Name

THE VILLAGE AT WOODLAND LAKE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

**5451 NW 61ST PLACE
TAMARAC FL 33319**

Mailing Address

**5451 NW 61ST PLACE
TAMARAC FL 33319**



3. Date Incorporated or Qualified
02/03/1984

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-0000000

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPBELL PROPERTY MANAGEMENT
4373 ROCK ISLAND RD
LAUDERHILL FL 33319**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

P

NAME

**HALL, TERRY G
5461 NW 59TH PLACE
TAMARAC FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

T

NAME

**STROMBERG, WILLIAM
6170 NW 54TH LANE
TAMARAC FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

NAME

**SAVO, ROBERT A
6150 NW 54TH LANE
TAMARAC FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

S

NAME

**MILLER, ANDRIA
5956 NW 55TH LANE
TAMARAC FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

NAME

**NELSON, SUSAN
5940 NW 54 LANE
TAMARAC FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

NAME

**WITT, CHARLES
5956 NW 54TH LANE
TAMARAC FL 33319**

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96

954-722-0066

CR2E037 (12/95)