

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

DOCUMENT # N94000003111 (1)

1. Corporation Name

WOODBURY PINES PROPERTY OWNERS' ASSOCIATION, INC



Principal Place of Business

Mailing Address

2180 WEST SR 434, STE 5000
LONGWOOD FL 32779-5044

2180 WEST SR 434, STE 5000
LONGWOOD FL 32779-5044

3. Date Incorporated or Qualified
06/23/1994

3a. Date of Last Report
06/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
58-2118447

Applied For
Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

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

B & C CORPORATE SERVICES OF CENTRAL FLA
390 N. ORANGE AVE.
SUITE 1100
ORLANDO FL 32801

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 Code
32779

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 with reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME TREADWELL, DAVID L
STREET ADDRESS ONE HERITAGE PLACE - SUITE 400
CITY-ST-ZIP SOUTHGATE MI 48195

TITLE DST ☐ DELETE
NAME KOENIG, LORI
STREET ADDRESS ONE HERITAGE PLACE - SUITE 400
CITY-ST-ZIP SOUTHGATE MI 48195

TITLE D V ☐ DELETE
NAME JAHRAUS, GARY
STREET ADDRESS % 5728 MAJOR BLVD.
CITY-ST-ZIP ORLANDO FL 32819-7996

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE DVP ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 (if applicable) on an attachment with a designation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)