

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000001108 (9)**

1. Corporation Name

WOODBURY GLEN HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business	Mailing Address
237 S. WESTMONTE DRIVE SUITE 111 ALTAMONTE SPRINGS FL 32714 US	237 S WESTMONTE DRIVE #111 ALTAMONTE SPRING FL 32714-4263 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

3. Date Incorporated or Qualified 03/02/1994	3a. Date of Last Report 03/20/1996
4. FEI Number 59-3256423	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
HANSON, JACK B. 615 BRIERCLIFF DRIVE THE MELROSE MANAGEMENT GROUP ORLANDO FL 32806	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	229 PASADENA PLACE, SUITE 100
83	
84 City	FL
	85 Zip Code 32803

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]* **JACK B. HANSON** 3/27/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	BALL, ALAN
STREET ADDRESS	237 S. WESTMONTE DR., STE. 111
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BAGLEY, JAMES D.
STREET ADDRESS	237 S WESTMONTE DRIVE STE 111
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	MONTGOMERY, KATHERINE
STREET ADDRESS	237 S. WESTMONTE DR., STE. 111
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BYRNES, DAVID
1.3 STREET ADDRESS	237 S WESTMONTE DR, SUITE 111
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EDDY, SHELLEY
2.3 STREET ADDRESS	237 S. WESTMONTE DR, SUITE 111
2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 on an attachment with an address.

CR2E037 (9/96)