FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N94000001108 (9) DOCUMENT

WOOD	BURY GLEN HOMEOWN	ner's association, inc	C.		
Principal Plac	ce of Business	Mailing Address] [001][0] 010 (011) 010)	00111 00111 0010f 18081 11011 06101 1011 1041
237 S. WESTM	IONTE DRIVE	237 S WESTMONTE DRIV	/E		
SUITE 111		#111			
	SPRINGS FL 32714	ALTAMONTE SPRINSG FL	L 32714-4263	3. Date incorporated or Qualified	Se Date of Last Report
2. Principal Place of Business		US			3a. Date of Last Report 03/20/1996
	Tace or dusiness	2a. Mailing Address		4. FEI Number 59-3256423	Applied For
21 Sulte, Apt.	# etc.	26 Suite, Apt. #, etc.		00 000 100	Not Applicable
22	n, oto.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	le .	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	11000010100
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Cu	urrent Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Name		
HANSON	N, JACK B.		82 Street A	ddress (P.O. Box Number is Not Asceptal	ale)
	EROLIFF DRIVE			ddress (P.O. Box Number is Not Asceptal	E Suite 100
	LROSE MANAGEMENT GRO	UP	83		
ORLAND	00 FL -82808 *		84 City		les Zin Code
					FL " 32503
44.5	4 41 11 40 0 047				
11. Pursuant	to the provisions of Sections 617	2.0502 and 617.1508, Florida Statu	ites, the above-named c	corporation submits this statement for the p	ourpose of changing its registered
office or re agent. I a	to the provisions of Sections 617 registered agent, or both, in the 5 m familiar with, and accord the o	7.0502 and 617.1508, Florida Statu State of Florida. Such change was Digations of, Section 617.0503, F	ites, the above-named c authorized by the corpo lorida Statutes.	corporation submits this statement for the poration's board of directors. I hereby accept	ourpose of changing its registered of the appointment as registered
office or nagent. I a			ites, the above-named of authorized by the corporatorida Statutes.	corporation submits this statement for the poration's board of directors. I hereby accepted. B. HHWEON	ourpose of changing its registered of the appointment as registered
SIGNATURE _	Signature, typed or printed name \$3.5 re	ed agent and title if applicable. (NO	OTE: Registered Agent signature re	G. HANSON equired when reinstating)	7/22/97 DAYE
SIGNATURE _	Signature, typed or primy Jiname Application	ed agent and title if applicable. (NOS AND DIRECTORS	DIL: Begistered Agent signature re	G. HAWEPA equited when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DERS AND DIRECTORS IN 12
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SIGNATURE _ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature: typed or printy name 234 re OFFICE AS PD BALL, ALAN 237 S. WESTMONTE DR., ALTAMONTE SPRINGS FL	ed agent and little if applicable. (NO S AND DIRECTORS DELETE , STE. 111	DIE: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SI-ZIP	G. HANEPN equival when reinstating) ADDITIONS/CHANGES TO OFFICE PD BYRNES, DAUID 1375 WESTMONTE ALTHMONTES SPRING.	DATE DERS AND DIRECTORS IN 12 Dechange Dechange Addition
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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 countriation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

FILED

Apr 08 1997 8:00am

Secretary of State