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Feb 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N12628 (6)
1. Corporation Name
THE WOODS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 7367 POST OFFICE BOX 7367
SARASOTA FL 34278-7367 SARASOTA FL 34278-7367
US

3. Date Incorporated or Qualified

12/18/1985

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELLE, MICHAEL J. (P.)
100 WALLACE AVE
SUITE 380
SARASOTA FL 34237

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

TITLE PD
NAME THOMAS, WELICKI
STREET ADDRESS 2003 WOOD HOLLOW PL
CITY-ST-ZIP SARASOTA FL

☒ DELETE

TITLE TD
NAME HEDRICK, RANDY
STREET ADDRESS 1863 WOOD HOLLOW CT
CITY-ST-ZIP SARASOTA FL

☒ DELETE

TITLE TD
NAME HANDLEY, THOMAS
STREET ADDRESS 1887 WOOD HOLLOW CT
CITY-ST-ZIP SARASOTA FL

☐ DELETE

TITLE S
NAME RICHARDSON, SHARON
STREET ADDRESS 2044 WOOD HOLLOW PL
CITY-ST-ZIP SARASOTA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Toni E. Welicki
1.3 STREET ADDRESS 2003 Wood Hollow Pl.
1.4 CITY-ST-ZIP Sarasota, FL 34235

☒ Change

☐ Addition

2.1 TITLE TD
2.2 NAME Rand, Amy
2.3 STREET ADDRESS 1849 Wood Hollow Ct
2.4 CITY-ST-ZIP SARASOTA, FL 34235

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

SAME

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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.

SIGNATURE: [Signature] 1-30-98 9111-9-22-1459

CR2E037 (10/97)