

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # N94000003111 (1)**

1. Corporation Name  
**WOODBURY PINES PROPERTY OWNERS' ASSOCIATION, INC**



Principal Place of Business <b>ONE HERITAGE PLACE, SUITE 400 SOUTHGATE MI 48195</b>	Mailing Address <b>ONE HERITAGE PLACE, SUITE 400 SOUTHGATE MI 48195</b>
--	--

3. Date Incorporated or Qualified <b>06/23/1994</b>
4. FEI Number <b>58-2118447</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 Woodbury Pines</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 Woodbury Pines Property Owners Assoc, Inc</b> Suite, Apt. #, etc.
City & State <b>23 Orlando, FL</b>	City & State <b>27 P.O. Box 781111</b>
Zip <b>24 32828</b>	Country <b>25 Orange</b>
Zip <b>29 32828-1111</b>	Country <b>30 Orange</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**John S. McCombs**  
**403 Woodbury Pines Cir**  
**Orlando, FL 32828**

10. Name and Address of New Registered Agent

81 Name <b>John S. McCombs</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>403 Woodbury Pines Cir</b>
83
84 City <b>Orlando</b>
85 Zip Code <b>FL 32828</b>

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 *John S. McCombs* DATE **20 Jan 98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>"D"</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>TREADWELL, DAVID L</b>		1.2 NAME <b>John S. McCombs</b>	
STREET ADDRESS <b>ONE HERITAGE PLACE - SUITE 400</b>		1.3 STREET ADDRESS <b>403 Woodbury Pines Cir</b>	
CITY-ST-ZIP <b>SOUTHGATE MI 48195</b>		1.4 CITY-ST-ZIP <b>Orlando, FL 32828</b>	
TITLE <b>DST</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>"D"</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KOENIG, LORI</b>		2.2 NAME <b>Heather L. Eblin</b>	
STREET ADDRESS <b>ONE HERITAGE PLACE - SUITE 400</b>		2.3 STREET ADDRESS <b>281 Woodbury Pines Cir</b>	
CITY-ST-ZIP <b>SOUTHGATE MI 48195</b>		2.4 CITY-ST-ZIP <b>Orlando, FL 32828</b>	
TITLE <b>DVP</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>"D"</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JAHRAUS, GARY</b>		3.2 NAME <b>Kenneth W. Allen</b>	
STREET ADDRESS <b>% 5728 MAJOR BLVD.</b>		3.3 STREET ADDRESS <b>409 Woodbury Pines Cir</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>		3.4 CITY-ST-ZIP <b>Orlando, FL 32828</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *John S. McCombs* DATE: **20 Jan 98** (409) 384-3785

CR2E037 (10/97)