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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004305

1. Corporation Name

WOODBURY PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

WOODBURY PARK HOMEOWNER ASSOC.
 1101 N. KELLER RD. SUITE F
 ORLANDO FL 32810
 US

Mailing Address

WOODBURY PARK HOMEOWNER ASSOC.
 1101 N. KELLER RD. SUITE F
 ORLANDO FL 32810
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/19/1996

4. FEI Number

59-3434025

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KATANICH, SAMUEL L
 4005 MARONDA WAY
 SANFORD FL 32771

☒ **DELETE**

10. Name and Address of New Registered Agent

81 Name

Luis Santiago

82 Street Address (P.O. Box Number is Not Acceptable)

12605 PARKBURY DRIVE

83

84 City

Orlando

FL

85 Zip Code

32828

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 SCOTT, HOWARD
 STREET ADDRESS 1101 N KELLER RD STE F
 CITY-ST-ZIP ORLANDO FL 32810
☒ **DELETE**

TITLE VD
 NAME LOGSDON, JEFF
 STREET ADDRESS 1101 N KELLER RD STE F
 CITY-ST-ZIP ORLANDO FL 32810
☒ **DELETE**

TITLE TD
 NAME KATANICH, SAMUEL L
 STREET ADDRESS 4005 MARONDA WAY
 CITY-ST-ZIP SANFORD FL 32771
☒ **DELETE**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ **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

President

1.2 NAME

Luis A. Santiago

1.3 STREET ADDRESS

12605 Parkbury Dr.

1.4 CITY-ST-ZIP

Orlando, FL 32828

2.1 TITLE

VICE PRESIDENT

2.2 NAME

Todo E. Abblett

2.3 STREET ADDRESS

12821 PARKBURY DR

2.4 CITY-ST-ZIP

ORLANDO FL 32828

3.1 TITLE

Treasurer

3.2 NAME

Franklyn Soto

3.3 STREET ADDRESS

12625 PARKBURY DR

3.4 CITY-ST-ZIP

ORLANDO FL 32828

4.1 TITLE

PUBLIC RELATIONS

4.2 NAME

TIM YEAGLEY

4.3 STREET ADDRESS

12812 PARKBURY DR

4.4 CITY-ST-ZIP

ORL FL 32828

5.1 TITLE

Secretary

5.2 NAME

Linda S. Lano Orlando

5.3 STREET ADDRESS

12715 Parkbury Dr. 32828

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ 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 in an attachment with an address, with all other like empowered.

SIGNATURE: Luis Santiago
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-99 407-277-3726
 Date Daytime Phone #

CR2E037 (1/198)