## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N05831

WOODLAND ESTATES PROPERTY OWNERS' ASSOCIATION, I

Principal Place of Business

5910 STONEWOOD CT. JUPITER FL 33458

Mailing Address

5910 STONEWOOD CT. JUPITER FL 33458

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90101 006 \*\*\*\*61.25

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2. Principal Place of Business		2a. Mailing Address 26			3. Date Incorporated or Qualifed 10/24/1984		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	Applied For Not Applicab		
City & Stat	e	City & State			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	,	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	25	[29] [30	<u>''</u>		10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent	81	Name	10. Maille dird Address of their Modification		
ST. JOHN	DAVID		82	.,	dress (P.O. Box Number is Not Acceptable)		
	RALIAN AVE. SO. #800			Carottia			
	BEACH FL 33401		83				
** I ALIM L	JE 10/11 & 0070 1		84	City	CI	85 Zip Code	
		1047 4500 51 11-01	41		L	=	
office or r agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such chande was auth	orized by	the corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appo	intment as registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature requ	ired when reinstating) DATE		
12.	OFFICERS AND	<del></del>	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DV	☐ DELETE	1.1 TITLE		Dts	Change Addit	
NAME	WALSH, ROBERT		1.2 NAME	- 11	HARZIN, STOFAN		
STREET ADDRESS	5900 STONEWOOD CT		1.3 STREE	TADDRESS S	S90 5 Stone Wood of		
CITY-ST-ZIP	JUPITER FL 33458	,	1.4 CITY-5	T-ZIP	590 C stonewood of Jupitim Fla. 33458		
TITLE	DT	☐ DELETE	2.1 TTLE		<b>D</b> .	Change  Addit	
NAME	SIEBENECK, ROSEMARIE		2.2 NAME	5	SICBENECK, Rosemania	•	
STREET ADDRESS			2.3 STREE	TADORESS	SICB eneck, Rosemmie S822 Stonewood ct.		
CITY-ST-ZIP	JUPITER FL		2. 4 CITY-5	1 -	Tupidem, FlA. 33158		
TITLE	D	DELETE	3.1 TITLE		N .	☐ Change	
NAME	EBERLING, SAMMY	~	3.2 NAME	17	NATHANSON, MARCELLA		
STREET ADDRESS	5769 FORESTWOOD CT			T ADDRESS 4	673 SAdim wood ct		
	JUPITER FL 33458	لمستقر ياء المستق	3.4: CITY-	ST. 7/P	Supidiu, Fla. 33 458	ر مست در عیا	
TITLE	DPS	DELETE	4.1 TITLE		DPS	Change Addit	
NAME	MITCHELL, JAY		4, 2 NAME	1	sardinha, fred ,		
STREET ADDRESS	5905 STONEWOOD CT			TADDRESS	5788 Lone wood ct		
CITY-ST-ZIP	JUPITER FL 33458		4.4 CITY-S	T-ZIP	Jupitin Fla. 33458		
TITLE	OUTTER LE SONO	☐ DELETE	5.1 TITLE		ν,	☐ Change Addi	
NAME		<del>-</del>	5.2 NAME		Manerzia Michele		
STREET ADDRESS			5.3 STREE	TADDRESS	Mchenzie, Michele 3833 Stone wood of Typifu, Fla. 33458		
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP	TVOILED PA 27050		
TILE	The state of the s	☐ DELETE	6.1 TITLE	<del>-   '</del>	71 000 33104	☐ Change ☐ Addi	
NAME			6.2 NAME	1			
STREET ADDRESS	·		6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-S				
UIT-SI-ZIP	i e						

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 trastee 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, with an other like empowered.

SIGNATURE: