

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719336

Entity Name: WOODLAND LAKE PROPERTY OWNERS IMPROVEMENT ASSOCIATION, INC.

FILED
Feb 01, 2015
Secretary of State
CC0625065650

Current Principal Place of Business:

10 HIGHPOINT DR.
GULF BREEZE, FL 32561

Current Mailing Address:

PO BOX 612
GULF BREEZE, FL 32562-0612

FEI Number: 59-3203394

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIVELY, JAMES LJR.
10 HIGHPOINT DR.
GULF BREEZE, FL 32561 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name LIVELY, JR., JAMES L.
Address 10 HIGHPOINT DR.
City-State-Zip: GULF BREEZE FL 32561

Title ST
Name WOOLF, SUSAN A
Address CLERK OF COURT
190 W. GOVERNMENT ST.
City-State-Zip: PENSACOLA FL 32502

Title V
Name ECHSNER, STEVEN
Address AYLSTOCK, WITKIN, KREIS AND
OVERHOLTZ
P.O. BOX 12630
City-State-Zip: PENSACOLA FL 32591

Title D
Name DAVIDSON, DAVID
Address 5 N SUNSET BLVD.
City-State-Zip: GULF BREEZE FL 32561

Title D
Name BROCK, ALLEN
Address 9 N. SUNSET DR.
City-State-Zip: GULF BREEZE FL 32561

Title D
Name BELL, ALAN
Address 6 HIGHPOINT DR
City-State-Zip: GULF BREEZE FL 32561

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN A. WOOLF

SECRETARY/TREASURER 02/01/2015

Electronic Signature of Signing Officer/Director Detail

Date