

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000246

Entity Name: WOODLAND LAKES HOMEOWNER'S ASSOCIATION OF LAKE ALFRED, INC.**FILED**
Feb 22, 2016
Secretary of State
CC2927472254**Current Principal Place of Business:**1901 US HWY 17-92
LOT 177
LAKE ALFRED, FL 33850**Current Mailing Address:**1901 US HWY 17-92
LOT 177
LAKE ALFRED, FL 33850 US**FEI Number: 59-3210366****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LEE JAY COLLING & ASSOCIATES, P.A.
529 VERSAILLES DRIVE, S/103
MAITLAND, FL 32751 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	S
Name	CHOQUETTE, DONNA
Address	1901 HWY 17-92 LOT 49
City-State-Zip:	LAKE ALFRED FL 33850

Title	T
Name	JOHNSON, NANCY
Address	1901 US HWY 17-92 LOT 157
City-State-Zip:	LAKE ALFRED FL 33850

Title	PRESIDENT
Name	WELNAK, PAUL
Address	1901 US HWY 17-92 LOT 95
City-State-Zip:	LAKE ALFRED FL 33850

Title	VP
Name	CLARK, CALVIN
Address	1901 HWY 17-92 # 28
City-State-Zip:	LAKE ALFRED FL 33850

Title	CORRESPONDING SECRETARY
Name	MOSELEY, LARRY
Address	1901 HWY 17-92 # 141
City-State-Zip:	LAKE ALFRED FL 33850

Title	DIRECTOR
Name	GOOD, ROGER
Address	1901 HWY 17-92 # 85
City-State-Zip:	LAKE ALFRED FL 33850

Title	DIRECTOR
Name	COFER, JOHN
Address	1901 HWY 17-92 # 41
City-State-Zip:	LAKE ALFRED FL 33850

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: NANCY JOHNSON**T****02/22/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date