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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720045** (4)
1. Corporation Name
WOODLANDS I ASSOCIATION INC.

Principal Place of Business 7061 W. COMMERCIAL BLVD., S.E. TAMARAC FL 33324	Mailing Address 7061 W. COMMERCIAL BLVD. SUITE 5-E TAMARAC FL 33324 US
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3. Date Incorporated or Qualified 01/04/1971	
4. FEI Number 59-2168563	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 8051 W. McNab Rd Suite, Apt. #, etc. 22 City & State 23 TAMARAC, FL Zip 24 33321 Country 25 USA	2a. Mailing Address 26 8051 W. McNab Rd Suite, Apt. #, etc. 27 City & State 28 TAMARAC, FL Zip 29 33321 Country 30 USA
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input 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 type="checkbox"/> No

9. Name and Address of Current Registered Agent
**KOSTERN, HERBERT A
7061 W. COMMERCIAL BLVD., S.E.
TAMARAC FL 33319**

10. Name and Address of New Registered Agent 81 Name Ambassador Community Mgmt, Inc 82 Street Address (P.O. Box Number is Not Acceptable) 8051 W. McNab Rd 83 84 City TAMARAC FL 85 Zip Code 33321

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 *Shirley L. Ryan* *Bruce K. Gran* DATE **3/30/98**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD BENSON
STREET ADDRESS	BENSON, STANLEY
CITY-ST-ZIP	5305 SAGO PALM BLVD TAMARAC FL
TITLE	<input type="checkbox"/> DELETE
NAME	VD LANGER
STREET ADDRESS	LANGER, JULIE
CITY-ST-ZIP	5305 BUTTONWOOD CT TAMARAC FL
TITLE	<input type="checkbox"/> DELETE
NAME	SD
STREET ADDRESS	ROTHMAN, IDA
CITY-ST-ZIP	5206 BUTTONWOOD CT TAMARAC FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD
STREET ADDRESS	FRIEDLAND, MARION
CITY-ST-ZIP	5401 AVOCADO DR TAMARAC FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	KOSTERN, HERBERT A
CITY-ST-ZIP	5504 RED OAK CIRCLE TAMARAC FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *X X Marion Friedland* *X 4/1/98* **954 739-2164**

CR2E037 (10/97)