

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90016 026 ****61.25

DOCUMENT # 731343

1. Entity Name

**WOODS AND LAKES HOME AND PROPERTY OWNERS
ASSOCIATION, INCORPORATED**



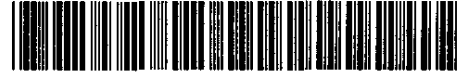
Principal Place of Business

5970 SE 158TH CT
RT2, 5970 S.E. 158TH CT.
OKLAWAHA FL 32179

Mailing Address

5970 SE 158TH CT
RT2, 5970 S.E. 158TH CT.
OKLAWAHA FL 32179

54018575



MOORE

CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1710161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARD, BARBARA J
16678 SE 54TH STREET
OCKLAWAHA FL 32179

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME PARZIALE, CONNIE ☐ Delete
STREET ADDRESS 6243 SE 158TH COURT
CITY-ST-ZIP OKLAWAHA FL 32179

TITLE PD
NAME WINDELER, RICHARD ☒ Delete
STREET ADDRESS 6535 SE 158TH STREET
CITY-ST-ZIP OKLAWAHA FL 32179

TITLE T
NAME WARD, BARBARA J ☐ Delete
STREET ADDRESS 16678 SE 169TH STREET
CITY-ST-ZIP OKLAWAHA FL 32179

TITLE SD
NAME PERRY, LINDA ☐ Delete
STREET ADDRESS 5801 SE 169TH STREET 5868
CITY-ST-ZIP OKLAWAHA FL 32179

TITLE D
NAME O'BANION, ALMA ☒ Delete
STREET ADDRESS 5891 SE 164 AVE
CITY-ST-ZIP OKLAWAHA FL 32179

TITLE D
NAME DAUGHENBAUGH, LOIS ☒ Delete
STREET ADDRESS 6205 SE 158 CT
CITY-ST-ZIP OKLAWAHA FL 32179

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME PARZIALE, CONNIE
STREET ADDRESS 6243 SE 158CT
CITY-ST-ZIP OKLAWAHA, FL 32179

TITLE VPD ☐ Change ☒ Addition
NAME SCHWARTZ, IRVING
STREET ADDRESS 6499 SE 159CT
CITY-ST-ZIP OKLAWAHA, FL 32179

TITLE D ☐ Change ☒ Addition
NAME QUICK, BILLY
STREET ADDRESS 5701 SE 165 CT
CITY-ST-ZIP OKLAWAHA, FL 32179

TITLE D ☐ Change ☒ Addition
NAME HOLMES, JUDY
STREET ADDRESS 17350 SE 66 ST.
CITY-ST-ZIP OKLAWAHA, FL 32179

TITLE ☐ Change ☒ Addition
NAME GILBERT, JAMES
STREET ADDRESS 6265 SE 158CT
CITY-ST-ZIP OKLAWAHA, FL 32179

TITLE ☐ Change ☒ Addition
NAME JOHNSON, LAURIE
STREET ADDRESS 17273 SE 65 ST.
CITY-ST-ZIP OKLAWAHA, FL 32179

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WARD

Date

Daytime Phone #

WARD, BARBARA J. 3-7-04

352-625-8812