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May 05, 1999 8:00 am
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05-05-1999 90051 030 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733348

1. Corporation Name

WOODLANDS ESTATES ASSOCIATION, INC.

488317 - 90051 - 30

Principal Place of Business	Mailing Address
3490 E. LAKE ROAD STE. C PALM HARBOR FL 34685 US	P.O. BOX 1448 PALM HARBOR FL 34682-1448 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 1050A EAST LAKE WOODLANDS PKWY	26 1050A EAST LAKE WOODLANDS PKWY	07/22/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1679407 ☐ Applied For ☐ Not Applicable
City & State 23 OLDSMAR FL	City & State 28 OLDSMAR FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 34677 Country 25	Zip 29 34677 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCANNAVINO, DOMINICK 3490 EAST LAKE RD., SUITE C PALM HARBOR FL 34685	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 1050A EAST LAKE WOODLANDS PKWY 84 City OLDSMAR FL 85 Zip Code 34677

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 Dominick Scannavino 4/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DTS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CALLAHAN, JOSEPH		1.2 NAME		
STREET ADDRESS	90 FERNBROOK RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	STIDHAM, THOMAS		2.2 NAME	BERRY, MICHAEL	
STREET ADDRESS	440 CYPRESS CREEK CIR		2.3 STREET ADDRESS	30 ARBOR LANE	
CITY-ST-ZIP	OLDSMR FL		2.4 CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	HOLLICK, KATHY		3.2 NAME	NORTHRUP, SUSAN	
STREET ADDRESS	495 FOREST PARK RD		3.3 STREET ADDRESS	450 CYPRESS CREEK CIRCLE	
CITY-ST-ZIP	OLDSMAR FL 34677		3.4 CITY-ST-ZIP	OLDSMAR FL	
TITLE	DP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BARBARA ZELISCH		4.2 NAME		
STREET ADDRESS	130 FERNBROOK RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	GARDEI, CRAIG		5.2 NAME		
STREET ADDRESS	420 PALM DALE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL 34677		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: Joseph F. Callahan JOSEPH F. CALLAHAN 4/13/99 (727) 789-12
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL EXECUTING REPORT DATE