FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

735744

(5)

WOODLANDS AT PALM COAST ASSOCIATION, INC.

WOODEN NO WITH THE OWNER WOOD WITHOUT WO.														
Principal Place of Business Mailing Address							•		-{					
POST OFFICE BOX 351870 PALM COAST FL 32137-7313					POST OFFICE BOX 351870 PALM COAST FL 32137-7313									
								3.	Date Incorpora 05/05/	ated or Qua 1976	alified 3	3a. Date of Las 04/28/		
<u> </u>	t. Principal Place of Business			<u> </u>	2a. Mailing Address			4.	FEI Number 59-223	5001			Applied For	
21	Suite, Apt. #, etc.			26 Suite. A	Suite, Apt. #, etc.				33 EEG	3301		\$9.7	Not Applicable 5 Additional	
22				27	27			5.	Certificate of S	Status Desi	red [4	Required	
	City & State			— ·	City & State				6. Election Campaign Financing \$5.00 May Be					
23	Zip Country			28 Zip					Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199,032,					
24		25		29 30				Florida Statutes 🔲 Yes 🕽 No						
Name and Address of Current Registered Agent								10.	Name and A	ddress of	New Regist	ered Agent	,	
MCLEAN, MARTYNA 27 BLAINE TREE PL.							Street A	Address (P.O. Box Number is Not Acceptable)						
PALM COAST FL 32137						83	,			a	70-			
						84	City			<u> </u>		F1 85 Z	ip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the a or registered agent, or both, in the State of Florida. Such change was authorized by the familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							named co poration's	progration subported of direction	ubmits this sta rectors. Unereb	tement for by accept th	ge appointme	ent as registere	d agent. I am	
ŞI			/	EQN agent and title if applicable	lise	up	~ [],	RRA	w	0	4-29-9	6		
Signaturu' typed or purified name of registered agent and site it apperatue (NO1E Regis 12. OFFICERS AND DIRECTORS							ini gg nature re	equired when re	ADDITIONS/Q	HANGES Z	O OFFICERS	S AND DIRECT	ORS IN 12	
TIT		Р			DELETE	11 TITLE	·	Р.	-/	996		Change	Addition	
NA.	ME j	MCLEA	I, MARTYNA			12 NAME		_	AM MA	יייים אינות מייים מייים			_	
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Çit	Y-ST-ZIP	PALM C	OAST FL			1.4 CiTY - :	SI - ZIP							
TIT	LE	STD			DELETE	21 TITLE			Coast	, ru	3213	☐ Change	Addition	
NA.	ME	COZZO	ne, anne			22 NAME		S/T	ONE, A	NINIE				
ST	reet address	65 BLAI				2 3 STREE	F ADDRESS		laine					
CH	Y-ST-ZIP		OAST FL			2 4 CiTY -	ST-ZIP	ŀ						
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NA.	ME		ram, randy		•	32 NAME		. –	DOVE	DТ				
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-	Y-ST-ZIP		OAST FL			34 CITY-	\$1 · ZIP							
 1 11	LE	D			DELETE	4.1 TITLE			Coast	, r L	32137	Change	☐ Addition	
N/A			NG, RALPH			4. 2 NAME		D	DING	DAT DI	,			
ST	REET ADDRESS		THE TREE			4.3 STREET	t address		RING,					
	Y-ST-ZIP		OAST, FL 00000	·		4.4 CHTY - S	ST-ZIP		lythe .		20122			
TIT		D	N AAA DOV	L	DELETE	51 TITLE			Coast	, FL	3213/	Change	☐ Addition	
l	ME		S, MARY			5 2 NAME		D	D.G	D. 1.7				
l	REET ADDRESS		NE TREE				T ADDRESS		ES, MA					
	Y-ST-ZIP		OAST FL		No. ere	5 4 CITY - 5			laine					
111		D	ODALL DALIDY	إ	VELETE .	6.1 TIFLE		Palm	Coast	, FL	3213	7 Change	Addition	
l	ME		GRAM, RANDY			6.2 NAME								
	reet address	53 BLAI					I ADDRESS							
CIT	Y-ST-ZIP	PALM C	OAST FL			6.4 CITY-5	ST-ZIP							

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _

Anne Cozzone Conce Longone of 19-96 904-446-9726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORY

Day true Phone 4