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FILED  
May 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 735744 (5)

1. Corporation Name

WOODLANDS AT PALM COAST ASSOCIATION, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 351870  
PALM COAST FL 32137-7313

POST OFFICE BOX 351870  
PALM COAST FL 32135-1870

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
05/05/1976

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-2235901

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

MCLEAN, MARTYNA  
27 BLAINE TREE PL.  
PALM COAST FL 32137

81 Name MARTYNA MCLEAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
27 BLAINE TREE PL  
83  
84 City PALM COAST FL 85 Zip Code 32137

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 Martyna McLean

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

(NOTE: Registered Agent's signature required when reinstating)

4/1/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME MCLEAN, MARTYNA  
STREET ADDRESS 27 BLAINE TREE P  
CITY-ST-ZIP PALM COAST FL

DELETE

TITLE STD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE VD  
NAME EHLE, ROBERT  
STREET ADDRESS 12 BLACKBURN PLACE  
CITY-ST-ZIP PALM COAST FL

DELETE

TITLE D  
NAME LOVERING, RALPH  
STREET ADDRESS 13 BLYTHE TREE  
CITY-ST-ZIP PALM COAST, FL 00000

DELETE

TITLE D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. I do 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.

Martyna McLean

Martyna McLean 704-145-1632

CR2E037 (9/96)