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May 11 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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 **POST OFFICE BOX 351870**
PALM COAST FL 32137-7313 **PALM COAST FL 32137-7313**

2. Principal Place of Business

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

05/05/1976

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P **MCLEAN, MARTYNA** **27 BLAINE TREE P** **PALM COAST FL** ☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST **THOMPSON, ADELAIDE L** **44 BLAINE DR** **PALM COAST FL** ☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD **EHLE, ROBERT** **12 BLACKBURN PLACE** **PALM COAST FL** ☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D **LOVERING, RALPH** **13 BLYTHE TREE** **PALM COAST, FL 00000** ☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D **SPERBER, GEORGE J** **68 BLAINE DR** **PALM COAST FL** ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

President **Adelaide L. Thompson** **44 Blaine Drive** **Palm Coast, Florida 32137** ☒ Change ☐ Addition

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

Secretary/Treasurer **Anne Jones** **48 Black Bear Lane** **Palm Coast, Florida 32137** ☒ Change ☐ Addition

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

Vice President **George O. Price** **40 Blythe Place** **Palm Coast, Florida 32137** ☒ Change ☐ Addition

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

D **Harry Lee** **58 Black Bear Lane** **Palm Coast, Florida 32137** ☒ 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 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:

SIGNATURE REQUIRED

George O. Price Vice President

CR2E037 (10/97)