

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90055 031 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 735744**

1. Corporation Name

**WOODLANDS AT PALM COAST ASSOCIATION, INC.**

Principal Place of Business  
POST OFFICE BOX 351870  
PALM COAST FL 32137-7313

Mailing Address  
POST OFFICE BOX 351870  
PALM COAST FL 32137-7313



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/05/1976	
				4. FEI Number 59-2235901	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, ADELAIDE L	1.2 NAME	McLean, Martyna
STREET ADDRESS	44 BLAINE DR	1.3 STREET ADDRESS	27 Blaine Tree Pl.
CITY-ST-ZIP	PALM COAST FL 32137	1.4 CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ANNE	2.2 NAME	Benedict, Edward
STREET ADDRESS	48 BLACK BEAR LANE	2.3 STREET ADDRESS	14 Black Alder Dr.
CITY-ST-ZIP	PALM COAST FL 32137	2.4 CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, GOERGE O	3.2 NAME	Jones, Anne
STREET ADDRESS	40 BLYTHE PLACE	3.3 STREET ADDRESS	48 Black Bear Lane
CITY-ST-ZIP	PALM COAST FL 32137	3.4 CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, HARRY	4.2 NAME	Wolfgram, Randy
STREET ADDRESS	58 BLACK BEAR LANE	4.3 STREET ADDRESS	53 Blaine Dr.
CITY-ST-ZIP	PALM COAST FL 32137	4.4 CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPERBER, GEORGE J	5.2 NAME	Rittenour, Thomas
STREET ADDRESS	68 BLAINE DR	5.3 STREET ADDRESS	38 Black Bear Lane
CITY-ST-ZIP	PALM COAST FL	5.4 CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Martyna McLean*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martyna McLean, Pres., May 1, 1999 - 904-445-1692

Date

Daytime Phone #

CR2E037 (11/98)