FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:05

DOCUMENT # **735988** **(8)**

1. Corporation Name

WOODLAND LAKES HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5345 WOODLAND LAKES DRIVE PALM BEACH GARDENS FL 33418-3937	5345 WOODLAND LAKES DRIVE PALM BEACH GARDENS FL 33418-3937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1976
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2072774 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HAGER, JOSEPH R., JR.
5350 WOODLAND LAKES DR.
PALM BCH GRDN FL 33418

10. Name and Address of New Registered Agent

81 Name: SCHOOLEY, Kevin
82 Street Address (P.O. Box Number is Not Acceptable): 5345 Woodland Lakes Dr.
83
84 City: Palm Bch. Gardens FL 85 Zip Code: 33418

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Kevin Schooley Manager 4-6-95
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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	WOHLFORD, SAM	12 NAME	SLOOP,Ronald	
STREET ADDRESS	5380 WOODLAND LAKES DR	13 STREET ADDRESS	5160 Woodland Lakes Dr.	
CITY-ST-ZIP	PALM BCH GARDENS FL	14 CITY-ST-ZIP	Palm Bch.Gardens, Fl,	
TITLE	D	21 TITLE	V	☒ Change ☐ Addition
NAME	ZARETSKI, LIONEL	22 NAME	Burns, John	
STREET ADDRESS	5180 WOODLAND LAKES DR.	23 STREET ADDRESS	5350 Woodland Lakes Dr.	
CITY-ST-ZIP	PALM BCH GARDENS FL	24 CITY-ST-ZIP	Palm Bch. Gardens	
TITLE	TD	31 TITLE	T	☒ Change ☐ Addition
NAME	RIMMLER, FRED	32 NAME	REYNOLDS, Wendy	
STREET ADDRESS	5260 WOODLAND LAKES DR	33 STREET ADDRESS	5145 Woodland Lakes Dr.	
CITY-ST-ZIP	PALM BCH GARDENS FL	34 CITY-ST-ZIP	Palm Bch. Gardens, Fl.	
TITLE	SD	41 TITLE	S	☒ Change ☐ Addition
NAME	STRAND, ROBERT	42 NAME	CASEY, Gloria	
STREET ADDRESS	5350 WOODLAND LAKES DR.	43 STREET ADDRESS	5350 Woodland Lakes Dr.	
CITY-ST-ZIP	PALM BCH GARDENS FL	44 CITY-ST-ZIP	Palm Bch. Gardens,Fl.	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	SCHERER, MARCI	52 NAME	EMANUELLI, Albert	
STREET ADDRESS	5075 WOODLAND LAKES DR.	53 STREET ADDRESS	5350 Woodland Lakes Dr.	
CITY-ST-ZIP	PALM BCH GRDNS FL	54 CITY-ST-ZIP	Palm Bch. Gardens, Fl.	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	BURNS, JOHN D	62 NAME	IGLESIAS, Terry	
STREET ADDRESS	5350 WOODLAND LAKES DR	63 STREET ADDRESS	5225 Woodland Lakes Dr.	
CITY-ST-ZIP	PALM BCH GARDENS FL	64 CITY-ST-ZIP	Palm Bch. Gardens, Fl.	

14. 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)(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: Kevin Schooley Manager 4-6-95 (407) 622-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011876