## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

735988

(8)

WOODLAND LAKES HOME OWNERS ASSOCIATION, INC.  Principal Place of Business Mailing Address  5345 WOODLAND LAKES DRIVE PALM BEACH GARDENS FL 33418-3837 PALM BEACH GARDENS FL 33418-3978	
Principal Place of Business Mailing Address  5345 WOODLAND LAKES DRIVE PALM BEACH GARDENS FL 33418-3937 PALM BEACH GARDENS FL 33418-3979	
5345 WOODLAND LAKES DRIVE PALM BEACH GARDENS FL 33418-3937  PALM BEACH GARDENS FL 33418-3979	
5345 WOODLAND LAKES DRIVE PALM BEACH GARDENS FL 33418-3937  PALM BEACH GARDENS FL 33418-3979	##### ################################
PALM BEACH GARDENS FL 33418-3937 PALM BEACH GARDENS FL 33418-3979	Diati Dibil diali ibal
3. Date Incorporated or Qualified 3a. Date of I	Last Report
	8/1996
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 59-2072774	Not Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired	.75 Additional
	ee Required
	5.00 May Be
Zip Country Zip Country 8. This corporation has liability for intangible tax ur	
24 25 29 30 Florida Statutes Yes 🔼 No	Ider 8. 199.032,
9. Name and Address of Current Registered Agent 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	
33418EBACH GARDENS FL 33418 83	
84 City 85	Zip Code
	. 1
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 chan 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 agent. 1 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	ging its registered ent as registered
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	
SIGNATURE	
Signature: typoid or printed name of registered agont and title if applicable. (NOTE: Registered Agen) signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	CTORS IN 12
<u></u>	
ince it	hange Addition
NAME KICHLINE, JOHN 12 NAME BOILINGER WILLIAM	
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NAME STREET ADDRESS CITY-ST-ZIP  KICHLINE, JOHN  1.2 NAME  1.2 NAME  5380 WOODLAND LAKES DR  1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  PBG, F1. \$3418	
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14. If 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.

SIGNATURE

KEVIN SCHOOLEY MAKE CHANNED LOCALES SIGNING OFFICER OF DIRECTOR

3-14-97 5W 622-050C

**FILED** 

Apr 01 1997 8:00am

Secretary of State