

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735988 (8)
1. Corporation Name
WOODLAND LAKES HOME OWNERS ASSOCIATION, INC.



Principal Place of Business 5345 WOODLAND LAKES DRIVE PALM BEACH GARDENS FL 33418-3937	Mailing Address 5345 WOODLAND LAKES DRIVE PALM BEACH GARDENS FL 33418-3937
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3. Date incorporated or Qualified 06/02/1976
4. FEI Number 59-2072774
Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent SCHOOLEY, KEVIN 5345 WOODLAND LAKES DR 33418EBACH GARDENS FL 33418	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	KICHLINE, JOHN
STREET ADDRESS	5380 WOODLAND LAKES DR
CITY-ST-ZIP	PALM BEACH FL
VP	KICHLIN JOHN
STREET ADDRESS	5380 WOODLAND LAKES DR
CITY-ST-ZIP	PALM BEACH GARDENS FL
T	JONES, RICHARD
STREET ADDRESS	5250 WOODLAND LAKES DR
CITY-ST-ZIP	PALM BEACH GARDENS FL
S	CASEY, GLORIA
STREET ADDRESS	5350 WOODLAND LAKES DR
CITY-ST-ZIP	PALM BEACH GARDENS FL
D	RILEY, MARTH
STREET ADDRESS	5215 WOODLAND LAKE DR
CITY-ST-ZIP	PALM BEACH GARDENS FL
D	IGLESIAS, TERRY
STREET ADDRESS	5225 WOODLAND LAKES DR
CITY-ST-ZIP	PALM BEACH GARDENS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	MARTIN, ROY
1.3 STREET ADDRESS	5380 WOODLAND LAKES DR
1.4 CITY-ST-ZIP	P.B.G. FL 33418
2.1 TITLE	VP
2.2 NAME	BANER, EUGENE
2.3 STREET ADDRESS	5185 WOODLAND LAKES DR
2.4 CITY-ST-ZIP	P B G FL 33418
3.1 TITLE	SD
3.2 NAME	STOECKMAN, LOIS
3.3 STREET ADDRESS	5350 WOODLAND LAKES DR
3.4 CITY-ST-ZIP	P B.G. FL 33418
4.1 TITLE	D
4.2 NAME	GRANEY, JOHN
4.3 STREET ADDRESS	5380 WOODLAND LAKES DR.
4.4 CITY-ST-ZIP	P B G FL 33418
5.1 TITLE	VPD
5.2 NAME	BOLLINGER, William
5.3 STREET ADDRESS	5245 WOODLAND LAKES DR
5.4 CITY-ST-ZIP	P B G . FL 33418
6.1 TITLE	TD
6.2 NAME	IGLESIAS, TERE
6.3 STREET ADDRESS	5225 WOODLAND LAKES DR
6.4 CITY-ST-ZIP	P.B.G. FL 33418

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: _____

CR2E037 (10/97)