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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 735988

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/02/1976	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2072774	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent				81 Name	
SCHOOLEY, KEVIN 5345 WOODLAND LAKES DR 33418EBACH GARDENS FL 33418				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VPD	☒ Change ☐ Addition
NAME	MARTIN, ROY		1.2 NAME	MARTIN ROY	
STREET ADDRESS	5380 WOODLAND LAKES DR		1.3 STREET ADDRESS	5380 WOODLAND LAKES DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		1.4 CITY-ST-ZIP	P.B.G. FL. 33418	
TITLE	D	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	BADGER, EUGENE		2.2 NAME	BADGER EUGENE	
STREET ADDRESS	5380 WOODLAND LAKES DR		2.3 STREET ADDRESS	5380 WOODLAND LAKES DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL		2.4 CITY-ST-ZIP	P.B.G. FL. 33418	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	STOCKMAN, LOIS		3.2 NAME	AGNONE, FRANK	
STREET ADDRESS	5250 WOODLAND LAKES DR		3.3 STREET ADDRESS	5250 WOODLAND LAKES DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		3.4 CITY-ST-ZIP	P.B.G. FL. 33418	
TITLE	VPD	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BOLLINGER, WILLIAM		4.2 NAME	BOLLINGER, William	
STREET ADDRESS	5245 WOODLAND LAKES DR		4.3 STREET ADDRESS	5245 WOODLAND LAKES DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		4.4 CITY-ST-ZIP	P.B.G. FL. 33418	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRANBY, JOHN		5.2 NAME		
STREET ADDRESS	5380 WOODLAND LAKES DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	IGESIAS, TERRY		6.2 NAME		
STREET ADDRESS	5225 WOODLAND LAKES DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 34418		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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-99 561 622-0500
Date Daytime Phone #

CR2E037 (11/98)