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FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

May 12, 2002 8:00 am Secretary of State **DOCUMENT # 735988** 04-01-2002 90624 042 ****61.25 WOODLAND LAKES HOME OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 5345 WOODLAND:LAKES DRIVE 5345 WOODLAND LAKES DRIVE PALM BEACH GARDENS FL 33418-3937 PALM BEACH GARDENS FL 33418-3937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2072774 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -- -: 5: Name and Address of Current Registered Agent :--7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HOGAN, MARY 5345 WOODLAND LAKES DR 33418EBACH GARDENS FL 33418 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. WPRES D. And Change (9/01) TITLE ПΠЕ Delete MARTIN, ROY NAME NAME 5380 WOODLAND LAKE DRIVE #115 STREET ADDRESS STREET ADDRESS POLH BEACH GARDENS, FL 39418 CITY-ST-7IP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE ☐ Defete TIPLE ☐ Addition GRANEY, JACK $\mathcal D$ NAME HAME 5380 WOODLAND LAKE DRIVE #315 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -WEST PALM BEACH FL 33418 CITY-ST-ZIP TIME Delete ☐ Change ☐ Addition AGNONE FRANK NAME NAME. STREET ADDRESS \$250 WOODEAND TAKES DR-STREET ADDRESS CITY-ST-ZIP PALM-BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE Delete ☐ Change Addition COCHEN-DOUGLAS NAME NAME \$205-WOODLAND LAKE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PÁIM BEACH GARDENS FL 03418 -> CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition WILCOX, MAHLON 7 NAME NAME STREET ADDRESS 5380 WOODLAND LAKE DRIVE #336 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME IGLESIAS, TERRY ${\mathcal D}$ NAME STREET ADDRESS 5225 WOODLAND LAKES DR STREET ADDRESS CITY-ST-ZIP **PALM BEACH GARDENS FL 34418** CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 receipter or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name eppears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.