

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90185 043 ****61.25

DOCUMENT # 735988

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2072774**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOGAN, MARY

5345 WOODLAND LAKES DR

33418 E BACH GARDENS FL 33418

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MARTIN, ROY**
STREET ADDRESS **5380 WOODLAND LAKE DRIVE #115**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Delete
NAME **GRANEY, JACK**
STREET ADDRESS **5380 WOODLAND LAKE DRIVE #315**
CITY-ST-ZIP **WEST PALM BEACH FL 33418**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Shirley Zarutski**
STREET ADDRESS **5180 Woodland Lakes Dr.**
CITY-ST-ZIP **Palm Beach Gdn, Fl. 33418**

TITLE **SD** ☒ Delete
NAME **CERADOLO, PATTI**
STREET ADDRESS **5280 WOODLAND LK DR**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **SD** ☐ Change ☒ Addition
NAME **Eema Badger**
STREET ADDRESS **5185 Woodland Lakes Dr.**
CITY-ST-ZIP **Palm Beach Gdn, Fl. 33418**

TITLE **T** ☐ Delete
NAME **WILCOX, MAHLON**
STREET ADDRESS **5380 WOODLAND LAKE DRIVE #336**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **IGLESIAS, TERRY**
STREET ADDRESS **5225 WOODLAND LAKES DR**
CITY-ST-ZIP **PALM BEACH GARDENS FL 34418**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **W. Sam Wakeford**
STREET ADDRESS **5250 Woodland Lakes Dr. # 330**
CITY-ST-ZIP **Palm Beach Gdn, Fl. 33418**

12. 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 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X SIGNATURE OF MAHLON WILCOX** **Per: Roy W. Martin 561-622-0500**

CR2E037 (10/02)