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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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DOCUMENT # 746357 (3)					
•	VOODS V HOMEOWNERS	ACCOCIATION INC			
r zwijan	10003 A LIONICOMMEUS	ASSOCIATION, INC	•	1 100011 10011 01015 01100 11100 01110	i 1881 Billio Aldio Aldio Billio Aldio Aldio Aldio Illa
Principal Place	e of Business	Mailing Address			raon andri midri brafi ötött ölött ölött tölt
P.O. BOX 60543		P.O. BOX 60543			
10.0		FT MYERS FL 3390) 6		
				Date Incorporated or Qualified	3a Data of Leat Day
				03/21/1979	3a. Date of Last Report 02/14/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2238983	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
City & State	e .	City & State			Fee Required
23	v	26		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation has liability for in Florida Statutes	ntarigible tax under s. 199.032, I Yes Do FILE ONLY
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Ro	
			81 Name		
•	REVEREND GARY		82 Street Add	ress (P.O. Box Number is Not Acceptable	leì
	MALT DRIVE				
	RS FL 33907		83		•
FT MYEF			1 1		
FI MYEF			84 City		- 85 Zip Code
		19 and 617 1500 Floride Cu	[-],		FL 85 Zip Code
11. Pursuant to	to the provisions of Sections 617.050; ed agent, or both, in the State of Flor		atutes, the above-named corpo	oration submits this statement for the purpard of directors. I hereby accept the appoint	<u>FL</u>
11. Pursuant to or registere familiar with	to the provisions of Sections 617 050		atutes, the above-named corpo	pration submits this statement for the purp and of directors. I hereby accept the appo	FL
11. Pursuant to or registere familiar with SIGNATURE	to the provisions of Sections 617.050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	tion 617.0503, Florida State	atutes, the above-named corporation's bootstes.	ard of directors, i hereby accept the appo	pose of changing its registered office intraent as registered agent. I am
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4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/18/96 (941) 334 6545