2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State
03-31-2008 90027 038 ****61.25

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1. Entity Name
WOODS AND LAKES AIR PARK PROPERTY OWNERS ASSOCIATION

Principal Place of Business	Mailing Address
6435 SE 159TH COURT OCKLAWAHA, FL 32179	6435 SE 159TH COURT OCKLAWAHA, FL 32179

02192008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2540347 ☐ 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
MALSPEIS, S. PHILIP, ESQ. 901 N.E. 125TH STREET, SUITE C NORTH MIAMI, FL 33161	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

Filing Fee is $61.25
Due by May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P PAPZIAGR, JOHN 6243 SE 158TH CT OCKLAWAHA, FL 32179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHWARTZ, IRVING 6400 SE 159TH CT OCKLAWAHA, FL 32179	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHWARTZ, IRVING 6400 SE 159TH CT OCKLAWAHA, FL 32179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BERRY, DWAINE 6504 SE 159TH CT OCKLAWAHA, FL 32179	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KRAUSE, KATHLEEN 5991 SE 158TH CT OCKLAWAHA, FL 32179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T HARRIS, CAROL A. 6548 SE 159TH CT OCKLAWAHA, FL 32179	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, PAUL 6460 SE 159TH CT OCKLAWAHA, FL 32179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARZIALE, JOHN 6243 SE 158TH CT OCKLAWAHA, FL 32179	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BISHOP, J. 6280 SE 159TH CT OCKLAWAHA, FL 32179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BISHOP, JAMES 6280 SE 159TH CT OCKLAWAHA, FL 32179	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Carol A. Harris 3-28-08 352-625-6033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #