FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752076 (0)

1. Corporation Name

WOODBERRY LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business:
11911 U.S. HIGHWAY ONE
112
N. PALM BEACH FL 33408
US

Mailing Address:
P.O. BO 31263
PALM BEACH GARDENS FL 33420
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2171323 — Applied For / Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ST. JOHN & KING
500 AUSTRALIAN AVE. SOUTH
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ____ Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~OD~~ PRES.	11 TITLE	TREAS. ☐ Change ☑ Addition
NAME	TORNATORE, TOM	12 NAME	DAVID HAMILTON
STREET ADDRESS	5140 SESAME STREET	13 STREET ADDRESS	5104 THYME DR
CITY ST ZIP	PALM BEACH GARDENS FL	14 CITY ST ZIP	PALM BCH GDNS FL 33418
TITLE	~~VPT~~ SECY	21 TITLE	☐ Change ☑ Addition
NAME	FERGUSON, ~~TOM~~ GLEN	22 NAME	LOUISE KEIPER
STREET ADDRESS	1162 CURRY DRIVE	23 STREET ADDRESS	11077 NUTMEG DR
CITY ST ZIP	PALM BEACH GARDENS FL	24 CITY ST ZIP	PALM BCH GDNS, FL 33418
TITLE	~~AT~~ VP	31 TITLE	☐ Change ☐ Addition
NAME	ARENSON, EDWARD	32 NAME	SONDRA, GRANICH
STREET ADDRESS	11186 CURRY DR	33 STREET ADDRESS	5214 PEPPERCORN ST
CITY ST ZIP	PALM BEACH GARDENS FL	34 CITY ST ZIP	PALM BCH GDNS FL 33418
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	~~MEADE, LOUISE~~	42 NAME	TED REED
STREET ADDRESS	~~5185 NUTMEG DR.~~	43 STREET ADDRESS	11117 NUTMEG DR
CITY ST ZIP	~~PALM BEACH GARDENS FL~~	44 CITY ST ZIP	PALM BCH GDNS FL 33418
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	~~JOHNSON, JERRY~~	52 NAME	JOHN RAMOS
STREET ADDRESS	~~5029 CAYENNE LANE~~	53 STREET ADDRESS	4445 HICKORY DR
CITY ST ZIP	~~PALM BEACH GARDENS FL~~	54 CITY ST ZIP	PALM BCH GDNS FL 33418
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	LUDWIG, RAY	62 NAME	
STREET ADDRESS	11077 NUTMEG DRIVE	63 STREET ADDRESS	
CITY ST ZIP	PALM BEACH GARDENS FL	64 CITY ST ZIP	

14. 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)(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.

SIGNATURE: X [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 04-25-95 (Date) — 407-775-8360 (Daytime Phone)

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