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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **752076** **(0)**

1. Corporation Name

WOODBERRY LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8895 N MILITARY TR PALM BCH GARDENS FL 33410 US	P.O. BO 31263 PALM BEACH GARDENS FL 33420-1263 US

3. Date Incorporated or Qualified: **04/17/1980**
3a. Date of Last Report: **03/04/1996**

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

4. FEI Number: **59-2171323** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ 2-25-97
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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TORNATORE, TOM, PRES.		1.2 NAME		
STREET ADDRESS	5140 SESAME STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	2.1 TITLE	CAMERON, DANIELLE SECRETARY	☐ Change ☒ Addition
NAME	FERGUSON, GLEN		2.2 NAME	11105 THYME DR	
STREET ADDRESS	1162 CURRY DRIVE		2.3 STREET ADDRESS	PALM BCH GDNS FL.	
CITY-ST-ZIP	PALM BEACH GARDENS FL		2.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	3.1 TITLE	KANESKI, KEN DIRECTOR	☐ Change ☒ Addition
NAME	ARENSON, EDWARD		3.2 NAME	11232 THYME DR	
STREET ADDRESS	11186 CURRY DR		3.3 STREET ADDRESS	PALM BCH GDNS FL.	
CITY-ST-ZIP	PALM BEACH GARDENS FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HAMILTON, DAVID, TREAS.		4.2 NAME		
STREET ADDRESS	5104 THYME DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GDNS FL		4.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	5.1 TITLE	LOUISE, MEADE DIRECTOR	☐ Change ☒ Addition
NAME	RAMOS, JOHN		5.2 NAME	5185 NUTMEG DR,	
STREET ADDRESS	4445 HICKORY DR		5.3 STREET ADDRESS	PALM BCH GDNS FLA	
CITY-ST-ZIP	PALM BEACH GARDENS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	LUDWIG, RAY		6.2 NAME	LUDWIG, RAY	
STREET ADDRESS	11077 NUTMEG DRIVE		6.3 STREET ADDRESS	11077 NUTMEG V. PRES.	
CITY-ST-ZIP	PALM BEACH GARDENS FL		6.4 CITY-ST-ZIP	PALM BCH GDNS FL	

CR2E037 (9/96)

14. I do 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 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 _____ 2/25/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0041566