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04-30-1999 90105 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752076

1. Corporation Name

WOODBERRY LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
400 S DIXIE SUITE 10 LAKE WORTH FL 33460 US	P.O. BO 31263 PALM BEACH GARDENS FL 33420 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/17/1980	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2171323	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE	TD	☐ Change ☐ Addition
NAME	VANVOORHES, WOODIE		1.2 NAME	Stephen Beliech	
STREET ADDRESS	5060 THYME		1.3 STREET ADDRESS	11179 Marjoram	
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CITY-ST-ZIP	Palm Beach Gardens, Fl	
TITLE	~~D~~	☒ DELETE	2.1 TITLE	SD	☐ Change ☐ Addition
NAME	~~DANIELLE, CAMERON~~		2.2 NAME	Bea Moore	
STREET ADDRESS	~~11105 THYME DR~~		2.3 STREET ADDRESS	11268 Thyme Drive	
CITY-ST-ZIP	~~PALM BEACH GARDENS FL~~		2.4 CITY-ST-ZIP	Palm Beach Gardens, Fl	
TITLE	PD	☐ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	KANESKI, KEN		3.2 NAME	Michelle Taylor	
STREET ADDRESS	T1232 THYME DR		3.3 STREET ADDRESS	11029 Nutmeg	
CITY-ST-ZIP	PALM BEACH GARDENS FL		3.4 CITY-ST-ZIP	PBG, FL.	
TITLE	~~D~~	☒ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	~~HAMILTON, DAVID~~		4.2 NAME	Don White	
STREET ADDRESS	~~5101 THYME DR~~		4.3 STREET ADDRESS	5036 Cayenne	
CITY-ST-ZIP	~~PALM BEACH GDNS FL~~		4.4 CITY-ST-ZIP	PBG, FL	
TITLE	~~D~~	☒ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	~~MEADE, LOUISE~~		5.2 NAME	Bethie Marks	
STREET ADDRESS	~~5105 NUTMEG DR~~		5.3 STREET ADDRESS	5155 Peppercorn	
CITY-ST-ZIP	~~PALM BEACH GARDENS FL~~		5.4 CITY-ST-ZIP	PBG, FL.	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME	Dale Seniff		6.2 NAME	Dennis Perry	
STREET ADDRESS	5012 Paprika Lane		6.3 STREET ADDRESS	5073 Thyme Drive	
CITY-ST-ZIP	PBG, FL		6.4 CITY-ST-ZIP	PBG, FL	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #