


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755486** (8)

1. Corporation Name

**THE WOODLANDS ESTATES HOMEOWNERS ASSOCIATION OF
BROWARD COUNTY, INC.**

Principal Place of Business

Mailing Address

**%JODI DOMBROSKY
5701 NW 54TH LANE
TAMARAC FL 33319
US**

**% M IO DEBOLT
5455 NW 57TH ST
TAMARAC FL 33319-9507**

3. Date Incorporated or Qualified

12/10/1980

4. FEI Number

59-2255527

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BALOCCHIO, JOSEPH M
7500 N.W. 5TH ST.
54 LANE
FT. LAUDERDALE FL 33319**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

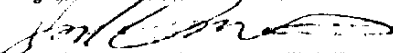
12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	RIZZO, CHARLES	
STREET ADDRESS	5407 N.W. 56TH CT	
CITY- ST- ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGHEE, PAT	
STREET ADDRESS	5710 NW 54TH LANE	
CITY- ST- ZIP	TAMARAC FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KEIL, SALLY	
STREET ADDRESS	5611 NW 54TH LANE	
CITY- ST- ZIP	TAMARAC FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DOMBROSKY, JODI	
STREET ADDRESS	5701 NW 54TH LANE	
CITY- ST- ZIP	TAMARAC FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DEBOLT, M. JO	
STREET ADDRESS	5455 N.W. 57TH ST.	
CITY- ST- ZIP	TAMARAC FL	
TITLE	PRES	<input type="checkbox"/> DELETE
NAME	ROSELINSKY, CHARLES	
STREET ADDRESS	5720 NW 54TH WAY	
CITY- ST- ZIP	TAMARAC FL	

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE	VIC PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

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.

SIGNATURE: 

4/14/98

CR2E037 (10/97)