

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90012 018 \*\*\*\*61.25

**DOCUMENT # 756939**

1. Corporation Name

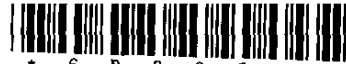
**THE WOODLANDS OF CAPE CORAL HOMEOWNERS' ASSOCIATION INC.**

Principal Place of Business

709 SW 6TH STREET  
CAPE CORAL FL 33991

Mailing Address

619 SW 6 STREET  
CAPE CORAL FL 33991  
US



2. Principal Place of Business

21 **619 SW 6 street**  
Suite, Apt. #, etc.

22 **—**

23 **Cape Coral FL**  
City & State

24 **33991** 25 **USA**  
Zip Country

2a. Mailing Address

26 **619 SW 6 street**  
Suite, Apt. #, etc.

27 **—**

28 **Cape Coral FL**  
City & State

29 **33991** 30 **USA**  
Zip Country

3. Date Incorporated or Qualified

**03/25/1981**

4. FEI Number

**65-0092179**

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

9. Name and Address of Current Registered Agent

**MC KELVIE, MILTON J**  
**709 S.W. 6TH ST.**  
**CAPE CORAL FL 33991**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD GAYBEART, JIM**  
STREET ADDRESS **701 SW 6TH STREET**  
CITY-ST-ZIP **CAPE CORAL FL**

TITLE ☐ DELETE

NAME **VD OSTROWSKY, KEVIN**  
STREET ADDRESS **619 SW 6TH ST.**  
CITY-ST-ZIP **CAPE CORAL FL**

TITLE ☐ DELETE

NAME **STD OSTROWSKY, LINDA R.**  
STREET ADDRESS **619 SW 6 ST.**  
CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**LINDA R. OSTROWSKY**  
**Secretary**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-19-99**  
Date

**9415744156**  
Daytime Phone #

CR2E037 (11/98)