

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-23-2007 90042 039 ****61.25

DOCUMENT # 762335 1. Entity Name WOODS AND LAKES WATER ASSOCIATION, INC.					
Principal Place of Business 17301 SE 67TH ST OKLAWAHA FL 32179				Mailing Address 17301 SE 67TH ST OKLAWAHA FL 32179	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2179933	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent COLE, ARTHUR W 6610 SE 173RD CT OKLAWAHA FL 32179				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restructure) DATE					
FILE NOW: FEE IS \$81.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TSD COLE, ARTHUR W 6610 SE 173RD CT OKLAWAHA FL 32179	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	D YONG, MYRON D. 17894 S.E. 66th LN. OKLAWAHA, FL. 32179	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D TANCREDI, JAMES 17167 SE 66TH ST OKLAWAHA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	D LANDRY, ROGER 17421 S.E. 67th ST. OKLAWAHA FL. 32179	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D GEE, EVELYN 6598 SE 173RD CT OKLAWAHA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P HURTEAU, DUANE 6569 SE 174TH CT OKLAWAHA FL 32179	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D GANNON, MARTY 6580 SE 173RD CT OKLAWAHA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D RUSHO, GERALD 6601 SE 171 ST CT OKLAWAHA FL	☒ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Arthur W. Cole</u> ARTHUR W. COLE <u>2-12-07</u> <u>352-625-4312</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					