

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 AUG -5 AM 8:08

DOCUMENT # 764319

1. Corporation Name

WOODMERE HOMEOWNERS AND CIVIC ASSOCIATION, INCORPORATED

Principal Place of Business

PO BOX 8581
JACKSONVILLE FL 32211
US

Mailing Address

PO BOX 8581
JACKSONVILLE FL 32211
US



64-26-99 90288 009 \$61.25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/27/1982	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		51-0188803	
25 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

INGRAM, BEVERLY
4079 BIG HOLLOW LANE
JACKSONVILLE FL 32277

10. Name and Address of New Registered Agent

81 Name	GREGORY SPEES
82 Street Address (P.O. Box Number is Not Acceptable)	XXXXXXXXXXXXXXXXXXXX
83	3918 GUMWOOD DR. W.
84 City	JACKSONVILLE, FL
85 Zip Code	32277

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-3-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	SD
NAME	WILSON, JOE	12 NAME	JOHN CHEATHAM
STREET ADDRESS	3828 CHESTWOOD AVE	13 STREET ADDRESS	6112 ROUND LAKE, S.
CITY-ST-ZIP	JACKSONVILLE FL 32277	14 CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	TD	21 TITLE	
NAME	HARPER, JERRY	22 NAME	
STREET ADDRESS	4075 BRIARFOREST RD E	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	24 CITY-ST-ZIP	
TITLE	VPD	31 TITLE	VPD
NAME	MERRITT, JIM	32 NAME	BEVERLY CHEATHAM
STREET ADDRESS	3945 CHESTWOOD AVE	33 STREET ADDRESS	6112- 6112 ROUND LAKE, S.
CITY-ST-ZIP	JACKSONVILLE FL 32277	34 CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-3-99 804 743-5792

Date

Daytime Phone #

CR2E037 (5/99)