## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H00310 (3)

WOODLAND LAKES HOMEOWNER'S ASSOCIATION OF HAINES CITY, INC.

**FILED** May 04 1998 8:00am Secretary of State



Principal Place of Business         Mailing Address           \$401 HW6 17-92W ≠77         5401 HW7 17-92 W					+ 1001011 BIT 91(1 00(89 11(81 1181)	ssif Asdir asati gibli Aftir at	ati Offii idai
HAINES CITY FL 33844-6556 LOT #77 US HAINES CITY			6556		DO NOT WR	ITE IN THIS SPACE	
		U\$			3. Date Incorporated or Qualifie 04/24/1984		
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
	HWY 17-92 W.	26 540/ Hwy	17-6	12W,	59-2407116		lot Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  27					5. Certificate of Status Desired	N I	Additional Required
23	City & State City & State				6. Efection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country Zip		Coun	try	8. This corporation owes or has		<b>-4</b> *
24	25 29 3 9. Name and Address of Current Registered Agent		30		Personal Property Tax due Ju		Mo No
Ali	KIRE, CHARLES	t Hedisteleo Adeut		1 Name	10. Name and Address of New	Megistereo Agent	
			["	5	CHROEDER, WER	NER	
5401 HWY 17-92 W, #77 HAINES CITY FL 33844				2 Street A	ddress (P.O. Box Number is Not Accep	table)	
NAINES CITT PL 33044				3 540	1 HWY 17-92 WI	<b>#</b> 73	
[			"	3			į
			i	4 City	INES CITY		Code <b>3844</b>
11. Pursuant office or r	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was ations of Spotion 607.0505. Fl	tes, the abo authorized lorida Statut	ive-named o by the corpo es	orporation submits this statement for the oration's board of directors. I hereby acc	e purpose of changing cept the appointment a	its registered s registered
SIGNATURE	Wenn et St. ha	acder			•	123/98	
	Signature, typed or printed some of registered age			tgorit signature re	equired when reinstating)	DATE	DOIN 10
12.	PRESIDENT DIR		13.		ADDITIONS/CHANGES TO OF	Change	
NAME	SCHROEDER, WERNER	<u></u>	1.2 NAM	Ϋ́	. "	Onlings	7,00,000
STREET ADDRESS	5401 HWY 17-92 W #73			ET ADDRESS			
City-St-ZIP	HAINES CITY FL			-ST-ZIP			] }
TITLE	Б	DELETE	2 1 THTLE		<u> </u>	Change	X Addition
NAME	ALKIRE, CHARLES	_	2.2 NAM	e   1	AVELINE, DON	4	
STREET ADDRESS	5401 HWY 17-92 W #77		2.3 S1RE	ET ADDRESS:	5401 HWY 17-92	w. #-163	1
CITY-ST-ZIP	HAINES CITY FL		2:400	1	HAINES CITY , F	L 33844	. ]
TITLE	TD	DELETE	3.1 TITLE	1	SD'	Change	Addition
NAME	<b>N</b> OVAK, LOUANN		3.2 NAM	f  -	TILGHMAN, DICI THOI HWY 17-920	<b>4</b>	1
STREET ADDRESS	\$401 HWY 17-92 W #109		3.3 STAE	et address 🗳	THOI HWY 17-920	رطاما -₩ . ن	
CITY-ST-ZIP	HAINES CITY FL		3.4. CITY	-ST-ZIP	HAINES CITY FU	<u>- 33844</u>	
TITLE	80	DELETE	4.1 TITLE				Addition
NAME	BARNES, DONNA		4. 2 NAM	E H	RODABAUGH, FRE	PM	ļ.
STREET ADDRESS	5401 HWY 17-92 W #5 HAINES CITY FL		4.3 STRE	ET ADDRESS	5401 HWY 17-92	W. # 16-	•
CITY-ST-ZIP	D D	Drugge Printer			HAINES CITY, FI	3 \$ 8 4 4 Change	1 design
TITLE	WILLIAMS, PAUL	X DELETE	5.1 TiTLE		·	L_1 Change	Addition
NAME	5401 HWY 17-92W #138		5.2 NAM				F.
STREET ADDRESS	HAINES CITY FL			ET ADDRESS			
CITY-ST-2IP	D	DELETE	5.4 CITY 6.1 TITLE			Change	Addition
) ···· )	BANDELIER, HAROLD	Octob	1	1		L.J Gualite	L. Addition
NAME OTRET INDRESS	5401 HWY 17-92 W #87		6.2 NAM				
STREET ADDRESS	HAINES CITY FL		4	ET ADDRESS			Į
CITY-ST-ZIP	atifathat the information a mulicid wi	d. Alla Film and an all film	6.4 CITY	-SI-ZIP	in Panting 110 07/2Vi) Florida Statutos	I further contifu that th	- information

I nereby 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 informatic 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.