03171999-90066-035-$158.75-$158.75

PROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90066 035 ***158.75

DOCUMENT # **H00310**

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

Principal Place of Business	Mailing Address
5401 HWY 17-92W #77 LOT ~~73~~ 61 HAINES CITY FL 33844-6556 US	5401 HWY 17-92 W LOT ~~73~~ 61 HAINES CITY FL 33844-6556 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1984

4. FEI Number: 59-2407116 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 5401 HWY 17-92 W.	26 5401 HWY 17-92 W
Suite, Apt. #, etc. 22 LOT # 61	Suite, Apt. #, etc. 27 LOT # 61
City & State 23 HAINES CITY FL.	City & State 28 HAINES CITY FL
Zip / Country 24 33844 25	Zip / Country 29 33844 30

9. Name and Address of Current Registered Agent

SCHROEDER, WERNER
5401 HWY 17-92 W, #77
LOT 73
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

81 Name: SAARI MARY J.
82 Street Address (P.O. Box Number is Not Acceptable): 5401 HWY 17-92 W LOT 61
83
84 City: HAINES CITY FL 85 Zip Code: 33844

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Mary J Saari TREASURER MARY J. SAARI 4/3/99
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	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	SCHROEDER, WERNER		1.2 NAME	HOLLADAY, PAUL	
STREET ADDRESS	5401 HWY 17-92 W #73		1.3 STREET ADDRESS	5401 HWY 17-92 W # 101	
CITY-ST-ZIP	HAINES CITY FL		1.4 CITY-ST-ZIP	HAINES CITY, FL.	
TITLE	D	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	ALKIRE, CHARLES		2.2 NAME	SAARI, MARY J.	
STREET ADDRESS	5401 HW 17-92 W 163		2.3 STREET ADDRESS	5401 HWY 17-92 W. # 61	
CITY-ST-ZIP	HAINES CITY FL 33844		2.4 CITY-ST-ZIP	HAINES CITY, FL	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	TILGHMAN, DICK		3.2 NAME	CHENEVENT, ROGER	
STREET ADDRESS	~~5401 HWY 17-92 W 166~~		3.3 STREET ADDRESS	5401 HWY 17-92 W # 67	
CITY-ST-ZIP	HAINES CITY FL 33844		3.4 CITY-ST-ZIP	HAINES CITY, FL	
TITLE	VD	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	RODABAUGH, FREDA		4.2 NAME	ISGRO, RUTH	
STREET ADDRESS	5401 HWY 17-92 W 162		4.3 STREET ADDRESS	5401 HWY 17-92 W # 105	
CITY-ST-ZIP	HAINES CITY FL 33844		4.4 CITY-ST-ZIP	HAINES CITY, FL.	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BANDELIER, HAROLD		5.2 NAME		
STREET ADDRESS	5401 HWY 17-92 W #87		5.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 607, 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: Mary J Saari SIGNATURE REQUIRED 3/12/99 941-956-2941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #