

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90020 006 \*\*\*\*61.25

<b>DOCUMENT # N01000000246</b>					
<b>1. Entity Name</b> WOODLAND LAKES HOMEOWNER'S ASSOCIATION OF HAINES CITY, INC.					
<b>Principal Place of Business</b> 5401 US HWY. 17-92 LOT 177 W. HAINES CITY, FL 33844-6519			<b>Mailing Address</b> 5401 US HWY. 17-92 LOT 177 W. HAINES CITY, FL 33844-6519		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3210366	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
TERENCE, ROBERT T 1917 BOOTH CIR., SUITE 171 LONGWOOD, FL 32750			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>8. The above named entity submits this statement for the purpose of changing its registered agent, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>			<b>9. Election Campaign Fund Contribution</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, LON 5401 HWY 17-9210 LOT 78 HAINES CITY, FL 33844	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D TILGHMAN, MAE 5401 HWY 17-92 W 166 HAINES CITY, FL 33844	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, BARBARA 5401 HWY 17-92W 36 HAINES CITY, FL 33844	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BLISH, ED 5401 HWY 17-92 W 139 HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T WALTER, NANCY 5401 HWY 17-92 W 155 HAINES CITY, FL 33844	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D LINDSEY, GEORGIA 5401 HWY 17-92 W 157 HAINES CITY, FL 33844	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Ed. KNOLL same	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Lee White D same	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>					
<b>SIGNATURE:</b> <u>Dancy J. Walter, Treasurer</u> <span style="float: right;">2/28/07 863-242-6488</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

*Mailing Address  
Changed By  
Postal Service*

*New:  
1901 U.S. Hwy 17-92  
Box #177  
LAKE ALFRED, FL 33850*