2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0100000246 1. Entity Name WOODLAND LAKES HOMEOWNER'S ASSOCIATION OF HAINES CITY, INC.				03-08-2007 9002	0 006 ****61.25
Principal Place of Business Mailing Address			· · · · · · · · · · · · · · · · · · ·	7,000	
5401 US HW LOT 177	Y. 17-92	5401 US HWY. 17-92 LOT 177			
W. HAINES C	ITY, FL 33844-6519	W. HAINES CITY, FL 3	33844-6519	L 1887) IN 1887 ÜRYNE JUNI ANIM ANIM ANIM ANIM ANIM	ATKI IANS NAN BITIR BIKIPI BI IBBI
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02092007 Chg-NP CF	R2E037 (12/06)
City & State		City & State		4. FEI Number 59-3210366	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Regist	
TERENZIO, ROBERT T				ddress (P.O. Box Number is Not Acceptable)	
1917 BOOTH CIR., SUITE 171 LONGWOOD FL 32750			GueerAu	udiess (r.O. DOX Humber is Not Acceptable)	
.:			City		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered.					th, and accept
	tions of registered agent.	or the purpose of changing i	-		si, and accept
SIGNATURE		1447	m	AILING AddRes	
	Signature typed or printed name of registered ager	nt and little if applicable. (NC	OTE: Registered A(hanged By.	
ı	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Co Trust Fund	ampaign Fina Contribution	hanged By. pstal Service	to State
10,	OFFICERS AND D	IRECTORS	11.		IN 10
TITLE	P ADAMS LON	☐ Delete	TITLE N	ew: 901 U.S.Hwy17-92 Box#177 FKE AL FRED, FL 33	3 Addition
NAME STREET ADDRESS	ADAMS, LON 5401 HWY 17-9210 LOT 78		NAME STREET /	and U.S. Hwy 7-42	•
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST	A 0 x # 177	
TITLE	D	☐ Delete	TITLE	11 ERRY El 3:	850 3 □ Addition
NAME	TILGHMAN, MAE		NAME L	A Ke AL PREGIPE S	, 0 -
STREET ADDRESS CITY-ST-ZIP	5401 HWY 17-92 W 166 HAINES CITY, FL 33844		STREET!	•	
TITLE	S	Delete	TITLE		. a Addition
NAME	THOMPSON, BARBARA		NAME		,
STREET ADDRESS	5401 HWY 17-92W 36		STREET A		
CITY-ST-ZIP	HAINES CITY, FL 33844	h a r	CITY-ST-ZIP		
TITLE NAME	D BLISH, ED	Delete	TITLE NAME	Ed. KNOLL D	☐ Change ☑ Addition
STREET ADDRESS	5401 HWY 17-92 W 139		STREET ADDRESS	SAME	
CITY-\$1-ZIP	HAINES CITY, FL 33844		CITY-SI-ZIP		
TITLE	T NAME TO SHARION	☐ Delete	TITLE	Lee White D	Change X Addition
NAME STREET ADDRESS	WALTER, NANCY _ 5401 HWY 17-92 W 155		NAME STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP	Lee White D SAME	•
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LINDSEY, GEORGIA		NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	5401 -HWY 17-92 W 157 HAINES CITY, FL 33844		STREET ADORESS CITY-ST-ZIP		
		the state of the s		ontained in Chapter 119, Florida Statutes, I furthe	

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.

SIGNATURE: Day Watto Stensurer 2/28/07 863-242-6488

SIGNATURE: Day PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January Day Printed Name of Signing OFFICER OR DIRECTOR

January Day Printed Name of Signing OFFICER OR DIRECTOR