


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 24 AM 9:40

DOCUMENT # N01000004404	
1. Entity Name WOODLAWN HEIGHTS OWNERS ASSOCIATION, INC.	

Principal Place of Business 4400 BAYOU BLVD SUITE 35 PENSACOLA, FL 32503	Mailing Address 4400 BAYOU BLVD SUITE 35 PENSACOLA, FL 32503
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2. Principal Place of Business 3749 D Gulf Breeze Pkwy Suite, Apt. #, etc. #334	3. Mailing Address 3749 D Gulf Breeze Pkwy Suite, Apt. #, etc. #334
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City & State Gulf Breeze FL	City & State Gulf Breeze FL
Zip 32563	Zip 32563
Country USA	Country USA



11012005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3556570 59-3736602	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LONGWELL, TINA 4400 BAYOU BLVD SUITE 35 PENSACOLA, FL 32503	
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7. Name and Address of New Registered Agent Name TERRY Mills Street Address (P.O. Box Number is Not Acceptable) 5360 Galberry Lane City Gulf Breeze FL Zip Code 32563	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Terry Mills</u> President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		500069625625 04/06/06--01038--0010105.00 DATE
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAMPLEY, HINTON <input checked="" type="checkbox"/> Delete 2721 GULF BREEZE PKWY. GULF BREEZE, FL 32561	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TERRY Mills, TERRY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3749 D Gulf Breeze Pkwy #334 Gulf Breeze FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLACK, EUBY <input checked="" type="checkbox"/> Delete 2721 GULF BREEZE PKWY. GULF BREEZE, FL 32561	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Schneider, Neal <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3749 D Gulf Breeze Pkwy #334 Gulf Breeze FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LAMPLEY, JANE M <input checked="" type="checkbox"/> Delete 2721 GULF BREEZE PKWY. GULF BREEZE, FL 32561	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Nieberlein, Ed <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3749 D Gulf Breeze Pkwy #334 Gulf Breeze FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O McGon, David <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3749 D Gulf Breeze Pkwy #334 Gulf Breeze FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O McLaurine, Henry <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3749 D Gulf Breeze Pkwy #334 Gulf Breeze FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Lehmann, Mark <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3749 D Gulf Breeze Pkwy #334 Gulf Breeze FL 32563

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 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: <u>E. J. Nieberlein</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/14/06 Date
	750-5600 x146 Daytime Phone #

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