## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N13403

(3)

## WOODLAWN MANOR HOMEOWNERS ASSOCIATION, INC.

Principal Place		Mailing Address	***************************************	1 HODRAFF EET HOOD FICH CHOIL TO BE THE GIGHT GIBN GIBN GIBN GIBN GIBN GIBN GIBN GIBN
C/O Marty Starliper C/O Martshriftan  SSS 4TH STREET. LOT 14x 64  VERO BEACH FL 32962  C/O Martshriftan  C/O Martshrift  CHO Martshrift  SSS 4TH STREET. LOT 14x  VERO BEACH FL 32962-281		rliper 64		
US		US DEPOTITE GEORGE		3. Date Incorporated or Qualified 03/05/1996 03/05/1996
2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FEI Number NOT APPLICABLE Applied For Not Applicable
Suite, Apt #		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	<b>,</b>	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip <b>24</b>	Country 25	Zip 29	Country 30	This corporation has liability for intangible tax under s. 199.032,     Florida Statutes
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
PETRALIA, LUCILLE  STA  STA  STA  STA  STA  STA  STA  ST				STARLIPER, MARTY
LOT (교육30 년 )				555 4th Street Lot 64
V-RU BE	ACH FL 32962		100	Vero Beach, FL. 32962
73-110-0-0	WOLL OF OFFICE		84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, 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 familiarly into and accept the obligations of Section 617.0503, Florida Statutes.				
SIGNATURE /// MANAGEMENT				3-43-91
	Signature, typed or printed name of registered agent			gnature required when reinstating)  DATE  ADDITION (COLLANDER TO OFFICE BY AND DIRECTORS IN 19
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  D Change
TITLE	D Camphall to 1	* ******	1.1 TITLE 1.2 NAME	D X Change Li Addition
NAME STOCKE ADDRESS	CAmpbell, Betty 555 4TH ST # 49	**=	1.2 NAME 1.3 STREET ADDRE	John Quesnel, 555 4th Street 38
STREET ADDRESS	VERO BEACH FL		1.3 STHEET AUDRE	
CITY+S1-ZIP TITLE	D DEACH PL	DELETE	2.1 TITLE	_ Change Addition
NAME		<b>7</b> (	22 NAME	Dorothy Miller
STREET ADDRESS	Lynn Zeinler 555 41H SI HAE	• • • • • • • • • • • • • • • • • • •	2.3 STREET ADDRE	Sess 555 4th Street #78
CHTY-ST-ZIP	VERO BEACH FL		2. 4 CITY-ST-ZIP	" " "
TITLE	Ť	DELETE	31 THLE	☐ Change ☐ Addition
NAME	GRITZALIS, FABIA	•	3.2 NAME	
STREE1 ADDRESS	555 4TH STREET, <b>#</b> 57		3.3 STREET ADDRE	PAESS .
CITY-S1-ZIP	VERO BEACH FL		3.4. CITY-ST-ZIP	IP
TITLE	S	DELETE	4.1 THILE	Change Addition
NAME	Buedham, Violet		4. 2 NAME	Sue Starliper
STREET ADDRESS	555 4TH STREET, 1#79		4.3 STREET ADDRE	PRESS   555 4th Street 64
CITY - ST - ZIP	VERO BEACH FL 79	DELETE	4.4 CITY-ST-ZIP	Vero Beach, FL. 32962 Change Addition
TITLE	PETDAHA HICHIE		5.1 TITLE	
NAME CIRCUI ADDRESS	PETRALIA, LUCILLE 555 4TH STREET #30		5.2 NAME	NOTES .
STREET ADDRESS	VERO BEACH FL 32962		5.3 STREET ADDRE 5.4 CITY-ST-ZIP	1
,CITY-S1-ZIP TITLE	D DENOTIFE SERVE	DELETE	6.1 TITLE	Change Addition
NAME	ARCHER, JOE	_	6.2 NAME	
STREET ADDRESS	555 4TH STREET, #84		6.3 STREET ADDRE	DRESS
CITY-ST-ZIP	VERO BEACH FL		6.4 CITY-ST-ZIP	
14. I do hereb	by certify that the information supplied	with this filing does not qua	lify for the exemption	otion 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 is enabled, or on an attachment with an appears.				

SIGNATURE:

ATURE AND TYPED OR PRINTED HAME OF SKINING OFFICE AND DARS TOR S

3-13-9

Daytime Phone # 0020744

**FILED** 

Apr 01 1997 8:00am

Secretary of State