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FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N13403** (3)
1. Corporation Name
WOODLAWN MANOR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O MARTY STARLIPER 555 4TH ST. LOT 64 VERO BEACH FL 32962 US	Mailing Address C/O MARTY STARLIPER 555 4TH ST. LOT 64 VERO BEACH FL 32962 US
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3. Date Incorporated or Qualified 02/12/1986	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number NOT APPLICABLE		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STARLIPER, MARTY
555 4TH ST LOT 64
LOT 30
VERO BEACH FL 32962**

81 Name Fowler, Nancy	82 Street Address (P.O. Box Number is Not Acceptable) 555 4th Street, , Lot 45
83 City VERO BEACH	84 Zip Code FL 32962

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 **James D. Fowler** with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **James D. Fowler**
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5-14-98
DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUESNEL, JOHN 555 4TH ST 38 VERO BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DOROTHY 555 4TH ST., #78 VERO BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRITZALIS, FABIA 555 4TH STREET, #57 VERO BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STARLIPER, SUE 555 4TH ST 64 VERO BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRALIA, LUCILLE 555 4TH STREET #30 VERO BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCHER, JOE 555 4TH STREET, #84 VERO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Lynn Zeigler 555 4th Street, 86 Vero Beach, FL. 32962
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S Needham, Violet 555 4th Street, #79 Vero Beach, FL. 32962
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Starliper, Marty 555 4th Street #64 Vero Beach, FL. 32962
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John Grizalis - Treasurer

4-16-98

(561) 770-9626

CR2E037 (10/97)