

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90155 022 ****61.25

DOCUMENT # N13403

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



2. Principal Place of Business

21 C/O Fabia Gritzalis

Suite, Apt. #, etc.

22 555 4th St., Lot 57

City & State

23 Vero Beach, FL

Zip Country

24 32962 25 US

2a. Mailing Address

26 C/O Fabia Gritzalis

Suite, Apt. #, etc.

27 same -

City & State

28 same

Zip Country

29 32962 30 US

3. Date Incorporated or Qualified

02/12/1986

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FOWLER, NANCY
555 4TH STREET, LOT 45
VERO BEACH FL 32962

DELETE

10. Name and Address of New Registered Agent

81 Name

Fabia Gritzalis

82 Street Address (P.O. Box Number is Not Acceptable)

555 4th St. Lot 57

83

84 City

Vero Beach

FL

85 Zip Code

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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Fabia Gritzalis Registered Agent

DATE

7-26-99

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	QUESNEL, JOHN	
STREET ADDRESS	555 4TH ST 38	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZEIGLER, LYNN	
STREET ADDRESS	555 4TH STREET 86	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	D & P	<input type="checkbox"/> DELETE
NAME	GRITZALIS, FABIA	
STREET ADDRESS	555 4TH STREET, #57	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NEEDHAM, VIOLET	
STREET ADDRESS	555 4TH STREET, #79	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STARLIPER, MARTY	
STREET ADDRESS	555 4TH STREET #64	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ARCHER, JOE	
STREET ADDRESS	555 4TH STREET, #84	
CITY-ST-ZIP	VERO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fowler, Nancy	
1.3 STREET ADDRESS	555 4th St., Lot 45	
1.4 CITY-ST-ZIP	Vero Beach, FL 32962	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Petralia, Lucille	
2.3 STREET ADDRESS	555 4th St. Lot 30	
2.4 CITY-ST-ZIP	Vero Beach FL 32962	
3.1 TITLE	D and Registered Agent	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gritzalis, Fabia	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	- Same -	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Miller, Dorothy	
5.3 STREET ADDRESS	555 4th St. Lot. 78	
5.4 CITY-ST-ZIP	Vero Beach, FL 32962	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Williamson, Mary	
6.3 STREET ADDRESS	555 4th St. Lot 6	
6.4 CITY-ST-ZIP	Vero Beach, FL 32962	

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, with all other like empowered.

SIGNATURE: *Fabia Gritzalis* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-99 (561) 770-9626

Date

Daytime Phone #

CR2E037 (5/99)

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