

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21007 (2)**

1. Corporation Name

THE WOODLANDS SECTION 81M HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 353237
PALM COAST FL 32135-3237

Mailing Address

P.O. BOX 353237
PALM COAST FL 32135-3237



3. Date Incorporated or Qualified
06/05/1987

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2864666

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~STOKES, LEA A.~~
4984 PALM COAST PKWY., NW, SUITE 7
PALM COAST FL 32137

81

Name

William A. White

82

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

PALM COAST PROPERTY MGT

83

296 Palm Coast Pkwy SW

84

City

Palm Coast

FL

85

Zip Code

32137

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

William A. White

(If Other Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HALL, RICHARD	
STREET ADDRESS	7 BLACKTHORN CT	
CITY- ST- ZIP	PALM COAST FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RUZECKI, MARY A	
STREET ADDRESS	25 BAY SPRING PL	
CITY- ST- ZIP	PALM COAST FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RICCIO, MARY L	
STREET ADDRESS	96 BLACK BEAR LN	
CITY- ST- ZIP	PALM COAST FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	BOUCHARD, MARY	
STREET ADDRESS	89 BLACK BEAR LN	
CITY- ST- ZIP	PALM COAST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SKRINE, MARY	
STREET ADDRESS	43 BLACK ALDER DR	
CITY- ST- ZIP	PALM COAST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary E. Skrine

Feb. 28, 1996

DATE

Daytime Phone #

CR2E037 (12/95)