

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Feb 26 1998 8:00am  
Secretary of State

DOCUMENT # **N21007** (2)

1. Corporation Name

**THE WOODLANDS SECTION 81M HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

**06/05/1987**

4. FEI Number

**59-2864666**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, WILLIAM A.  
PALM COAST PROPERTY MANAGEMENT  
296 PAL COAST PKWY SW  
PALM COAST FL 32137**

81 Name

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

83

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

SIGNATURE

*William A. White*

**2.13.98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DVP**  
STREET ADDRESS **RICCIO, MARY L**  
CITY-ST-ZIP **96 BLACK BEAR LN**  
**PALM COAST FL**

TITLE ☐ DELETE

NAME **DS**  
STREET ADDRESS **BOUCHARD, MARY**  
CITY-ST-ZIP **89 BLACK BEAR LN**  
**PALM COAST FL**

TITLE ☐ DELETE

NAME **DT**  
STREET ADDRESS **SKRINE, MARY**  
CITY-ST-ZIP **43 BLACK ALDER DR**  
**PALM COAST FL**

TITLE ☐ DELETE

NAME **DP**  
STREET ADDRESS **PULASKI, CAROL**  
CITY-ST-ZIP **7 BLACK FOOT CT.**  
**PALM COAST FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ 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:

*Mary E. Skrine*

**2.13.98**

**84-446-1333**

CR2E037 (1097)