FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAR -1 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29460 (5)

1. Corporation Name

WOODLAKE OF PORT ORANGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1166 PELICAN BAY DRIVE DAYTONA BEACH FL 32119 US	1166 PELICAN BAY DR. DAYTONA BEACH FL 32119 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/28/1988
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2918943 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SELWITZ, BARBARA J
%NELSON & SELWITZ
1166 PELICAN BAY DR.
DAYTONA BEACH FL 32119

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD/ BAILEY, SANDRA 4576 ALDER DR. PT. ORANGE FL 32127	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition VP/D Paul Kammerer 827 Wooddusk Drive Port Orange, FL 32127
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD/ REED, BRUCE 805 SANDERS DR. PT. ORANGE FL 32127	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition S/D Peter Atwood 807 Woodport Port Orange, FL 32127
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD/ STEINMOERVER, GEORGE 4574 MILES DR/ PT/ORANGE/FL/32127	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition T/D Carol Stewart 4572 Miles Drive, Port Orange, FL 32127
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	/SD WILCOX, WAYNE 812 WOODPORT PT. ORANGE FL 32127	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	P/D ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/ JOHNSON, JAMES 4569 ALDER DR/ PT/ORANGE/FL/32127	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition D Roy Wright 4569 Barnacle Drive, Port Orange, FL 32127
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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: Carol T Stewart — Carol T Stewart 2/22/95 (904) 756-3032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000506