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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N29460 (5)**

1. Corporation Name
WOODLAKE OF PORT ORANGE HOMEOWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 11/28/1988
3a. Date of Last Report: 03/01/1995
4. FEI Number: 59-2918943
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

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 (81-85) fields: Name, Street Address, City, State (FL), 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: _____ DATE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VPD NAME: KAMMERER, PAUL STREET ADDRESS: 827 WOODDUSK DRIVE CITY-ST-ZIP: PT. ORANGE FL	<input type="checkbox"/> DELETE	1.1 TITLE: Director 1.2 NAME: Fay Landens 1.3 STREET ADDRESS: 4576 Miles Drive 1.4 CITY-ST-ZIP: Port Orange, FL 32127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: ATWOOD, PETER STREET ADDRESS: 807 WOODPORT CITY-ST-ZIP: PT. ORANGE FL	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: STEWARD, CAROL STREET ADDRESS: 4572 MILES DRIVE CITY-ST-ZIP: PT. ORANGE FL	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: WILCOX, WAYNE STREET ADDRESS: 812 WOODPORT CITY-ST-ZIP: PT. ORANGE FL	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WRIGHT, ROY STREET ADDRESS: 4569 BARNACLE DRIVE CITY-ST-ZIP: PT. ORANGE FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	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 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)(k), 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: Wayne R. Wilcox Date: 2/12/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)