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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32119-1381
US**

3. Date Incorporated or Qualified **11/28/1988** 3a. Date of Last Report **02/16/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-2918943** Applied For ☐ Not Applicable ☐

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

1.1 TITLE ☐ Change ☐ Addition

NAME **KAMMERER, PAUL**
STREET ADDRESS **827 WOODDUSK DRIVE**
CITY-ST-ZIP **PT. ORANGE FL**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **SD**
STREET ADDRESS **ATWOOD, PETER**
CITY-ST-ZIP **807 WOODPORT PT. ORANGE FL**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **TD**
STREET ADDRESS **STEWART, CAROL**
CITY-ST-ZIP **4572 MILES DRIVE PT. ORANGE FL**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **PD**
STREET ADDRESS **WILCOX, WAYNE**
CITY-ST-ZIP **812 WOODPORT PT. ORANGE FL**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE

5.1 TITLE ☐ Change ☒ Addition

NAME **D**
STREET ADDRESS **LANDERS, FAY**
CITY-ST-ZIP **4576 MILES DR PORT ORANGE FL**

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**Director
Frank Pellegrino
4571 Alder Drive
Port Orange, FL 32127**

14. I do 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: **Wayne Wilcox**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone **904-756-3032**

CR2E037 (9/96)