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Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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  
US**

3. Date Incorporated or Qualified

**11/28/1988**

4. FEI Number

**59-2918943**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 **VPD** ☒ DELETE

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

TITLE **SD** ☐ DELETE

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

TITLE **TD** ☐ DELETE

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

TITLE **PD** ☐ DELETE

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

TITLE **D** ☒ DELETE

NAME **PELLEGRINO, FRANK**  
STREET ADDRESS **4571 ALDER DR**  
CITY-ST-ZIP **PORT ORANGE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Vice President/Director**  
1.3 STREET ADDRESS **Cathy Kammerer**  
1.4 CITY-ST-ZIP **827 Woodduck**  
**Port Orange, FL 32127**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Director**  
2.3 STREET ADDRESS **David Bonfleur**  
2.4 CITY-ST-ZIP **831 Sleepy Hollow Drive**  
**Port Orange, FL 32127**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/98*  
Date

*904-756-3032*  
Daytime Phone #

CR2E037 (10/97)