07201999-90025-019-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State
07-20-1999 90025 019 ****61.25

DOCUMENT # N29460

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

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

3. Date Incorporated or Qualified: 11/28/1988

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

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

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

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: MICHELE BARKIN
82 Street Address (P.O. Box Number is Not Acceptable): 1166 Pelican Bay DR
83:
84 City: DAYTONA BEACH FL 85 Zip Code: 32119

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: Michele Barkin 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	VPD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	KAMMERER, CATHY		1.2 NAME	MCNERNEY, LOIS	
STREET ADDRESS	827 WOODDUSK DRIVE		1.3 STREET ADDRESS	4578 WOODCOVE DR	
CITY-ST-ZIP	PORT ORANGE FL 32127		1.4 CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	SD	☐ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	ATWOOD, PETER		2.2 NAME	BONFLEUR, DAVID	
STREET ADDRESS	807 WOODPORT		2.3 STREET ADDRESS	831 SLEEPY HOLLOW DR	
CITY-ST-ZIP	PT. ORANGE FL		2.4 CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE	TD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STEWARD, CAROL		3.2 NAME		
STREET ADDRESS	4572 MILES DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PT. ORANGE FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILCOX, WAYNE		4.2 NAME		
STREET ADDRESS	812 WOODPORT		4.3 STREET ADDRESS		
CITY-ST-ZIP	PT. ORANGE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BONFLEUR, DAVID		5.2 NAME		
STREET ADDRESS	831 SLEEPY HOLLOW DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32127		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

PROPERTY MK
RES. MGR. _____ DATE _____
PAID 61.25 CODE 520
CHECK NO. 1233 DATE 7/7/99

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, with all other like empowered.

SIGNATURE: Barbara J. Selwitz SIGNATURE REQUIRED 4/7/99 904-756-3032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #