2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2004
Secretary of State

DOCUMENT# N29460

Entity Name: WOODLAKE OF PORT ORANGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

1166 PELICAN BAY DR.
DAYTONA BEACH, FL 32119 US

New Mailing Address:

FEI Number: 59-2918943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARKIN, MICHELE
1166 PELICAN BAY DR
DAYTONA BEACH, FL 32119

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: ROBERTS, PATRICIA
Address: 4590 ALDER DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: VPD ( ) Delete
Name: STEWART, CAROL
Address: 4572 MILES DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete
Name: ATWOOD, PETER
Address: BETTINEN CATHERINE
City-St-Zip: PORT ORANGE, FL 32127

Title: PD ( ) Delete
Name: WILCOX, WAYNE
Address: 812 WOODPORT
City-St-Zip: PT. ORANGE, FL

Title: TD ( ) Delete
Name: BONFLEUR, DAVID
Address: 831 SLEEPY HOLLOW DRIVE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: ATWOOD, PETER
Address: 807 WOODPORT DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: RENFRO, RUSS
Address: 4574 ALDER DRIVE
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE WILCOX PRES 04/18/2004

Electronic Signature of Signing Officer or Director Date