


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90069 021 ****61.25

0027121

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N31118

1. Corporation Name
THE COURTS AT WOODLAND HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 2085 UNIVERSITY DR. CORAL SPRINGS FL 33071	Mailing Address 2085 UNIVERSITY DR. CORAL SPRINGS FL 33071
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/10/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0196313
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SOUTHEAST CONDO MANAGEMENT
2085 UNIVERSITY DR
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FAIRCLOTH, MORRIS	
STREET ADDRESS	5835 WOODLANDS BLVD	
CITY-ST-ZIP	TAMARAC FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BERTOK, DAVID	
STREET ADDRESS	5815 WOODLANDS BLVD.	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KINSEY, REBA	
STREET ADDRESS	4902 NW 66TH AVE.	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD Iris Babrow	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	5825 NW 57 AVE	
1.3 STREET ADDRESS	TAMARAC, FL 33319	
1.4 CITY-ST-ZIP		
2.1 TITLE	TD Eunice Venson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	5817 NW 57 AVE	
2.3 STREET ADDRESS	TAMARAC, FL 33319	
2.4 CITY-ST-ZIP		
3.1 TITLE	SD PETRA STRONG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	5823 NW 57 AVE	
3.3 STREET ADDRESS	TAMARAC, FL 33319	
3.4 CITY-ST-ZIP		
4.1 TITLE	D-CARMEN VILLAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	5833 NW 57 AVE	
4.3 STREET ADDRESS	TAMARAC, FL 33319	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *[Signature]* DATE: 1/26/99 (954) 527-6215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)