FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:22

DOCUMENT # N40196 (0)

1. Corporation Name
VILLAGES OF WOODLAKE HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
116 WEDGEWOOD LAKES SOUTH GREENACRES FL 33463 US	116 WEDGEWOOD LAKES SOUTH GREENACRES FL 33463 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1990
3a. Date of Last Report: 04/19/1994
4. FEI Number: 65-0184729 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 10 Wedgewood Lakes S.	26 500 Australian Ave. So.
22 Suite, Apt. #, etc.	27 Suite #600
23 City & State: Greenacres Fl.	28 City & State: West Palm Beach, Fl.
24 Zip: 33467 25 Country: P.B.	29 Zip: 33463 30 Country: Palm Beach

9. Name and Address of Current Registered Agent

ST. JOHN, KING & DICKER
500 AUSTRALIAN AVE SO
STE 600
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SCHWARTZ HAROLD	1.2 NAME	LARRY PRUITT	
STREET ADDRESS	225 WEDGEWOOD CIR	1.3 STREET ADDRESS	221 WEDGEWOOD CIR	
CITY-ST-ZIP	GREENACRES FL	1.4 CITY-ST-ZIP	GREENACRES, FL. 33463	
TITLE	VPD	2.1 TITLE		☐ Change ☐ Addition
NAME	RUCH GEORGES	2.2 NAME		
STREET ADDRESS	116 WEDGEWOOD LAKES SO	2.3 STREET ADDRESS		
CITY-ST-ZIP	GREENACRES FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	BLOOM SAMUEL	3.2 NAME		
STREET ADDRESS	138 WOODLAKE CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	GREENACRES FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	COLEMAN THERESA	4.2 NAME		
STREET ADDRESS	220 WEDGEWOOD CIRCLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	GREENACRES FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HANDEL ALLYSON	5.2 NAME		
STREET ADDRESS	146 WOODLAKE CIRCLE	5.3 STREET ADDRESS		
CITY-ST-ZIP	GREENACRES FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	JERMAKIN, DAVID	6.2 NAME		
STREET ADDRESS	125 OAKWOOD WAY	6.3 STREET ADDRESS		
CITY-ST-ZIP	GREENACRES FL 33463	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Harold Schwartz 1/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Phone #

0001017