

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N40196 (0)
1. Corporation Name
VILLAGES OF WOODLAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
101 WEDGEWOOD LAKES S GREENACRES FL 33467 US	500 AUSTRALIAN AVE. SO SUITE 600 WEST PALM BEACH FL 33463 US



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

3. Date Incorporated or Qualified 10/03/1990		3a. Date of Last Report 03/24/1995	
4. FEI Number 65-0184729 65-0588563		Applied For Not Applicable	
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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		81	Name
ST. JOHN, KING & DICKER		82	Street Address
500 AUSTRALIAN AVE SO		83	
STE 600		84	City
WEST PALM BEACH FL 33401			

10. Name and Address of New Registered Agent

s (P.O. Box Number is Not Acceptable)

FI 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 re-issuance is required.)

DATE _____

12.		OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHWARTZ HAROLD 225 WEDGEWOOD CIR GREENACRES FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RUCH GEORGES 116 WEDGEWOOD LAKES SO GREENACRES FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BLOOM SAMUEL 138 WOODLAKE CIRCLE GREENACRES FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COLEMAN THERESA 220 WEDGEWOOD CIRCLE GREENACRES FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANDEL ALLYSON 146 WOODLAKE CIRCLE GREENACRES FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JERMAKIN, DAVID 125 OAKWOOD WAY GREENACRES FL 33463	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DATE
1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BRIAN BLOOM	
1.3 STREET ADDRESS	431 WEDGWOOD CIRCLE	
1.4 CITY-STATE-ZIP	GREENACRES, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BLOOM, SAMUEL	
3.3 STREET ADDRESS	137 WOODSHAKE CIRCLE	
3.4 CITY-STATE-ZIP	GREEN ACRES, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	IPERY PRUITT	
5.3 STREET ADDRESS	221 WEDGWOOD CIRCLE	
5.4 CITY-STATE-ZIP	GREENACRES, FL	
6.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DAVID JEROMALIN	
6.3 STREET ADDRESS	125 CALWOOD WAY	
6.4 CITY-STATE-ZIP	GREENACRES, FL	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Q 6/90

Das neue Forum

CR2E037 (12/95)