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Jun 02 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40196 (0)

1. Corporation Name

VILLAGES OF WOODLAKE HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

101 WEDGEWOOD LAKES S
GREENACRES FL 33467
US

Mailing Address

500 AUSTRALIAN AVE. SO
SUITE 600
WEST PALM BEACH FL 33401-6237
US3. Date Incorporated or Qualified
10/03/19903a. Date of Last Report
03/18/19964. FEI Number
65-0588563Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME SCHWARTZ HAROLD
STREET ADDRESS 225 WEDGEWOOD CIR
CITY-ST-ZIP GREENACRES FL1.1 TITLE PP ☐ Change ☒ Addition
1.2 NAME BONNIE C. M'GRAIN
1.3 STREET ADDRESS 117 Applewood Drive
1.4 CITY-ST-ZIP Greenacres, FL 33463TITLE VPD ☐ DELETE
NAME RUCH GEORGES
STREET ADDRESS 116 WEDGEWOOD LAKES SO
CITY-ST-ZIP GREENACRES FL2.1 TITLE VPD ☐ Change ☒ Addition
2.2 NAME DAVID JERMAKIN
2.3 STREET ADDRESS 125 OAKWOOD WAY
2.4 CITY-ST-ZIP GREENACRES FL 33463TITLE TD ☐ DELETE
NAME BLOOM SAMUEL
STREET ADDRESS 138 WOODLAKE CIRCLE
CITY-ST-ZIP GREENACRES FL3.1 TITLE TD ☐ Change ☒ Addition
3.2 NAME WALTER S. CHANDLER
3.3 STREET ADDRESS 132 Woodlake Circle
3.4 CITY-ST-ZIP Greenacres, FL 33463TITLE SD ☐ DELETE
NAME COLEMAN THERESA
STREET ADDRESS 220 WEDGEWOOD CIRCLE
CITY-ST-ZIP GREENACRES FL4.1 TITLE SD ☐ Change ☒ Addition
4.2 NAME LARRY PRUITT
4.3 STREET ADDRESS 221 WEDGEWOOD CIRCLE
4.4 CITY-ST-ZIP GREENACRES FL 33463TITLE D ☐ DELETE
NAME PRUITT, LARRY
STREET ADDRESS 221 WEDGEWOOD CIRCLE
CITY-ST-ZIP GREENACRES FL5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME DONALD PINA
5.3 STREET ADDRESS 103 Woodlake Circle
5.4 CITY-ST-ZIP Greenacres, FL 33463TITLE D ☐ DELETE
NAME JERMAKIN, DAVID
STREET ADDRESS 125 OAKWOOD WAY
CITY-ST-ZIP GREENACRES FL 334636.1 TITLE D ☐ Change ☒ Addition
6.2 NAME COLLENE JONES
6.3 STREET ADDRESS 106 Rosewood Lane
6.4 CITY-ST-ZIP Greenacres, FL 33463

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/97

Date

Daytime Phone # 0000000

CR2E037 (9/96)