

FILE NOW: FILING FEE IS \$61.25

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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33463 US
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3. Date Incorporated or Qualified 10/03/1990	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 65-0588563		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MCGRAIN, BONNIE C
STREET ADDRESS	117 APPLEWOOD DR
CITY-ST-ZIP	GREENACRES FL
TITLE	VPD
NAME	JERMAKIN, DAVID
STREET ADDRESS	125 OAKWOOD WAY
CITY-ST-ZIP	GREENACRES FL
TITLE	TD
NAME	CHANDLER, WALTER S
STREET ADDRESS	132 WOODLAKE CIR
CITY-ST-ZIP	GREENACRES FL
TITLE	SD
NAME	PRUITT, LARRY
STREET ADDRESS	221 WEDGEWOOD CIR
CITY-ST-ZIP	GREENACRES FL
TITLE	D
NAME	PINA, DONALD
STREET ADDRESS	103 WOODLAKE CIR
CITY-ST-ZIP	GREENACRES FL
TITLE	D
NAME	JONES, COLLENE
STREET ADDRESS	106 ROSEWOOD LANE
CITY-ST-ZIP	GREENACRES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VPD
4.3 STREET ADDRESS	PRUITT, Larry
4.4 CITY-ST-ZIP	221 Wedgewood Cir Greenacres, FL
5.1 TITLE	<input checked="" 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 checked="" type="checkbox"/> Addition
6.2 NAME	SD
6.3 STREET ADDRESS	RON WEILAND
6.4 CITY-ST-ZIP	105 APPLEWOOD DR. GREENACRES FL

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.

SIGNATURE: *Bonnie C McGrain Pres*

1/8/98

CR2E037 (10/97)