


FILE NOW: FILING FEE IS \$61.25

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Mar 17, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N40196					
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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/03/1990 4. FEI Number 65-0588563 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 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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD <input type="checkbox"/> DELETE NAME MCGRIN, BONNIE C STREET ADDRESS 117 APPLEWOOD DR CITY-ST-ZIP GREENACRES FL			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE TD <input type="checkbox"/> DELETE NAME CHANDLER, WALTER S STREET ADDRESS 132 WOODLAKE CIR CITY-ST-ZIP GREENACRES FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE VPD <input checked="" type="checkbox"/> DELETE NAME PRUITT, LARRY STREET ADDRESS 221 WEDGEWOOD CIR CITY-ST-ZIP GREENACRES FL			3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME ZITO, BARBARA 3.3 STREET ADDRESS 227 WEDGEWOOD CIR 3.4 CITY-ST-ZIP GREENACRES FL		
TITLE D <input type="checkbox"/> DELETE NAME PINA, DONALD STREET ADDRESS 103 WOODLAKE CIR CITY-ST-ZIP GREENACRES FL			4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME VPD 4.3 STREET ADDRESS PINA, DONALD 4.4 CITY-ST-ZIP 103 WOODLAKE CIR GREENACRES, FL		
TITLE SD <input type="checkbox"/> DELETE NAME WEILAND, RON STREET ADDRESS 105 APPLEWOOD DR CITY-ST-ZIP GREENACRES FL			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)