


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90070 040 ****61.25

DOCUMENT # N40196 1. Entity Name VILLAGES OF WOODLAKE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 101 WEDGEWOOD LAKES S GREENACRES, FL 33467 US		Mailing Address 4000 SOUTH 57TH AVE #101 LAKE WORTH, FL 33463 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ST JOHN, DICKER, KRIVCK & CORE, P.A. 500 AUSTRALIAN AVE SO STE 600 WEST PALM BEACH, FL 33401		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: TD NAME: CHANDLER, WALTER S STREET ADDRESS: 132 WOODLAKE CIR CITY-ST-ZIP: GREENACRES, FL	<input type="checkbox"/> Delete	TITLE: VP NAME: CHANDLER WALTER S STREET ADDRESS: 132 WOODLAKE CIR CITY-ST-ZIP: GREENACRES, FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: BERNARD, SILVERIA STREET ADDRESS: 162 WOODLAKE CIRCLE CITY-ST-ZIP: GREENACRES, FL 33463	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: SCHWARTZ HAROLD STREET ADDRESS: 225 WEDGEWOOD CIRCLE CITY-ST-ZIP: GREENACRES, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: MICHELET, MOISE STREET ADDRESS: 122 OAKWOOD WAY CITY-ST-ZIP: GREENACRES, FL 33463	<input type="checkbox"/> Delete	TITLE: PD NAME: MOISE MICHELET STREET ADDRESS: 122 OAKWOOD WAY CITY-ST-ZIP: GREENACRES, FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: ENCHEFF, BRUCE STREET ADDRESS: 152 WOODLAKE CIR CITY-ST-ZIP: GREENACRES, FL 33463	<input type="checkbox"/> Delete	TITLE: SD NAME: ENCHEFF BRUCE STREET ADDRESS: 152 WOODLAKE CIRCLE CITY-ST-ZIP: GREENACRES, FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: ARANGO, LILA STREET ADDRESS: 102 ROSEWOOD LANE CITY-ST-ZIP: GREENACRES, FL 33463	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: GIORDANO JAMES STREET ADDRESS: 101 ROSEWOOD LANE CITY-ST-ZIP: GREENACRES, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Harold Schwartz, Pres.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/18/08</u> Daytime Phone #: <u>561-969-2700</u>	

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01152008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0588563 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required