2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATUR

FILED **DOCUMENT # N40196** 1. Entity Name 03 APR 22 PM 3. 42 VILLAGES OF WOODLAKE HOMEOWNERS ASSOCIATION, INC. SECRETARY OF STATE TALLAHASSEE, FLARON Principal Place of Business Mailing Address 4000 SOUTH 57TH AVE 101 WEDGEWOOD LAKES S GREENACRES FL 33467 #101 LAKE WORTH FL 33463 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0588563 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ST JOHN, DICKER, KRIVCK & CORE, P.A. Street Address (P.O. Box Number is Not Acceptable) 500 AUSTRALIAN AVE SO **STE 600** WEST PALM BEACH FL 33401 City Zip Code 5. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition ☐ Delete TITLE TITLE ☐ Change MCGRAIN Bonnio CHANDLER, WALTER S NAME NAME 117 A POLIZ WOOD DR. BIXES STREET ADDRESS 132 WOODLAKE CIR STREET ADDRESS CITY-ST-7P CITY-ST-ZIP **GRENNACRES FL** Change SD ☐ Delete TITLE TITLE ZITO, BARBARA NAME ZITO BARBARA NAME STREET ADDRESS STREET ADDRESS 227 WADGEWOOD LIA. 227 WEDGEWOOD CIR GRARNACIES, FL-3-3463 CITY-ST-ZIP GREENACRES FL CITY:ST-702 Addition TITLE TITLE SCHWARTZ HAROLD NAME PRUITT, LARRY NAME 225 WEDGEWOOD CIRCLE STREET ADDRESS STREET ADDRESS 221 WEDGEWOOD CIRCLE CITY-ST-ZIP CITY-ST-ZIP GREENACRES FL GRARMACANS. TITLE ☐ Delete TITLE Change ☐ Addition SILVERIA. BERNARD J NAME NAME STREET ADDRESS 162 WOODLAKE CIRCLE STREET ADDRESS CITY-ST-ZIP **GREEN ACRES FL** CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplier ental 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 decipier or trustee empowered to execute this apport 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 othersike empowered.

B 561-969-2719

04-14-2003 90753 048 ****61.25

CHZEUS/ (10/02)