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FILED

Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47376

(1)

1. Corporation Name

WOODLAND STATION UNIT ONE REPLAT OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O J&M ASSOCIATES, INC.
1503 OAK ST
JACKSONVILLE FL 32204
USC/O J&M ASSOCIATES, INC.
1503 OAK ST
JACKSONVILLE FL 32204-3910
US3. Date Incorporated or Qualified
02/14/19923a. Date of Last Report
04/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

30 Country

4. FEI Number

59-3125904

Applied For

Not Applicable

5. 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

J & M ASSOCIATES, INC.
1503 OAK ST
SUITE 201
JACKSONVILLE FL 32204

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 DP ☒ DELETE
NAME HOFFMAN, SYLVIA
STREET ADDRESS 3901 SANTA FE ST, E
CITY-ST-ZIP JACKSONVILLE FL 322461.1 TITLE DST ☐ Change ☒ Addition
1.2 NAME Linda Hopper
1.3 STREET ADDRESS 3908 Union Pacific Dr. W.
1.4 CITY-ST-ZIP JAX. FL. 32246TITLE DV ☒ DELETE
NAME KAVANAUGH, ROBERT
STREET ADDRESS 3908 SANTA FE ST., E.
CITY-ST-ZIP JACKSONVILLE FL 322462.1 TITLE DV ☐ Change ☒ Addition
2.2 NAME Daniel Patterson
2.3 STREET ADDRESS 3920 Union Pacific Dr. W.
2.4 CITY-ST-ZIP JAX. FL. 32246TITLE DST ☐ DELETE
NAME CATO, JEAN
STREET ADDRESS 10995 UNION PACIFIC DR S
CITY-ST-ZIP JAX FL3.1 TITLE DP ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

Date

Daytime Phone 904-642-5437

CR2E037 (9/96)