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**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 # N47376**

1. Corporation Name

**WOODLAND STATION UNIT ONE REPLAT OWNERS ASSOCIATION, INC.**

Principal Place of Business

10036 SAWGRASS DR  
SUITE 3  
PONTE VERDA BEACH FL 32082  
US

Mailing Address

P.O. BOX 1159  
PONTE VERDA BEACH FL 32004  
US



2. Principal Place of Business

21 Suite; Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite; Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/14/1992

4. FEI Number

59-3125904

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MUNCH, DOANLD  
FOUR SEASONS MGMT  
10036 SAWGRASS DR  
PONTE VERDE BEACH FL 32082

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DST  
NAME HOPPER, LINDA  
STREET ADDRESS 3908 UNION PACIFIC DR W  
CITY-ST-ZIP JACKSONVILLE FL

TITLE DV  
NAME PATTERSON, DANIEL  
STREET ADDRESS 3920 UNION PACIFIC DR W  
CITY-ST-ZIP JACKSONVILLE FL

TITLE DP  
NAME CATO, JEAN  
STREET ADDRESS 10995 UNION PACIFIC DR S  
CITY-ST-ZIP JAX FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-99

Date

Daytime Phone #

CR2E037 (1/98)