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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthani
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N50035

(7)

WOODFIELD LAKES MASTER ASSOCIATION, INC.



	Business	Mailing Address		E LEGISSON AND BILLIN DESIGN DESAU INSE	DITT BIGHT BIBH BIBH GIBH BIGH BIRKH HABI
7200 DAVIS BLVD NAPLES FL 33962		7200 DAVIS BLVD NAPLES FL 33962			
				3. Date Incorporated or Qualified 07/20/1992	3a. Date of Last Report 05/26/1995
2 . Principal Place	e of Business	2a. Mailing Address		4. FEI Number	Applied For
1 Suite Ant #	at a	26		65-0350927	Not Applicable
Suite, Apt #, i	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		A. F	Fee Required
ה ייייה ה ה		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	This corporation has liability for interest.	Added to Fees
	25	29	30		Yes No
	Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Name		
SIESKY, JA	AMES H.		82 Street Add	re (P.O. Box Number is Not Acceptable	
	Tamiami trail 🦳 🦳	Γ			
SUITE 201			183		
NAPLES F	L 33940		84 City		85 Zip Code
			111		
 Pursuant to to or registered. 	he provisions of Sections 617,0502 agent, or both, in the State of Florid	and 617.1508 Florida Statute	s, the above-named corpo	ration submits this statement for the purpord of directors. Thereby accept the appoin	se of changing its registered of
familiar with,	and accept the obligations of, Section	on 617.0503, Florida Statutes.	за рутне сограгалон в раа	ard or directors, it riereby accept the appoir	itment as registered agent. I am
IGNATURE					
	lature, typed or printed name of registered agent a	(NO) seds, logger edition	TE. Begistered Agent signature recions	and the basis of the con-	E/ATE
•					
		DIRECTORS	13.	ADDITIONS CHANGES TO OFFIC	BS AND DIRECTORS IN 12
LE	PD	DIRECTORS DELETE	1.3 TIFLE		CRS AND DIRECTORS IN 12
ILE ME	PD HUBSCHMAN, SAMUEL		1.3 THE 1.2 NAME		CRS AND DIRECTORS IN 12
ILE ME REE1 ADORESS	PD HUBSCHMAN, SAMUEL 3451 TAMIAMI TR E		1.3 TIFLE		CRS AND DIRECTORS IN 12
ILE ME REE1 ADDRESS IY-S1-ZIP	PD HUBSCHMAN, SAMUEL 3451 TAMIAMI TR E NAPLES FL	☐ DELETE	1.1 TH LE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-S'-7/P		ERS AND DIRECTORS IN 12 Change Addition
ILE ME REE1 ADDRESS IY-SY-ZIP LE	PD Hubschman, Samuel 3451 Tamiami Tr e Naples Fl Std		1.3 TH LE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY - SY - ZIP 2.1 THE		ERS AND DIES CLOHES IN 12 Change Addition
TLE MME REET ADDRESS IY - ST - ZIP LE ME	PD Hubschman, Samuel 3451 Tamiami Tr e Naples Fl Std Hubschman, Albert	☐ DELETE	1.3 TH LE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY - SY - ZIP 2.1 THE 2.2 NAME		ERS AND DIRECTORS IN 12 Change Addition
ILE MME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS	PD HUBSCHMAN, SAMUEL 3451 TAMIAMI TR E NAPLES FL STD HUBSCHMAN, ALBERT 3451 TAMIAMI TR E	☐ DELETE	1.3 TH LE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY - SY - ZIP 2.1 THE		ERS AND DIRECTORS IN 12 Change Addition
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LE ME REE! ADORESS Y-S!-ZIP LE ME REET ADORESS Y-S!-ZIP LE	PD HUBSCHMAN, SAMUEL 3451 TAMIAMI TR E NAPLES FL STD HUBSCHMAN, ALBERT 3451 TAMIAMI TR E NAPLES FL VD	☐ DELETE	13 TILE 12 NAME 13 STREET ADDRESS 14 CITY - ST- 7 IP 21 TILE 22 NAME 23 STREET ADDRESS 24 CITY - ST- 7 IF 31 TILE		RIS AND DIRECTORS IN 12 Change Addition Change Addition
ILE ME REEJ ADORESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME	PD HUBSCHMAN, SAMUEL 3451 TAMIAMI TR E NAPLES FL STD HUBSCHMAN, ALBERT 3451 TAMIAMI TR E NAPLES FL VD BEYRENT, TERYL H.	□ DELETE	13 TILLE 12 NAME 13 STREET ADDRESS 14 CITY - S' - 7 IP 21 TILLE 22 NAME 23 STREET ADDRESS 2 4 CITY - ST - 7 IF 31 TILLE 32 NAME		RIS AND DIRECTORS IN 12 Change Addition Change Addition
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ME AREE! ADORESS IY-S!-ZIP LE ME REET ADDRESS IY-S!-ZIP LE ME ME REE! ADORESS Y-S!-ZIP LE ME ME ME ME ME ME ME ME ME	PD HUBSCHMAN, SAMUEL 3451 TAMIAMI TR E NAPLES FL STD HUBSCHMAN, ALBERT 3451 TAMIAMI TR E NAPLES FL VD BEYRENT, TERYL H. 3451 TAMIAMI TR E NAPLES FL V HUBSCHMAN, HARRISON	□ DELETE	13 TILLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TILLE 22 NAME 23 STREET ADDRESS 2 4 CITY - ST - ZIP 31 TILLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 41 TILLE 4 2 NAME		Ris AND DIRECTORS IT TO Addition Change Addition Change Addition
LE ME REE! ADORESS Y-S!-ZIP LE ME REE! ADDRESS Y-S!-ZIP LE ME REE! ADDRESS Y-S!-ZIP LE ME REE! ADDRESS	PD HUBSCHMAN, SAMUEL 3451 TAMIAMI TR E NAPLES FL STD HUBSCHMAN, ALBERT 3451 TAMIAMI TR E NAPLES FL VD BEYRENT, TERYL H. 3451 TAMIAMI TR E NAPLES FL V HUBSCHMAN, HARRISON 3451 TAMIAMI TR E	□ DELETE	13 TILLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 41 TITLE 4 2 NAME 43 STREET ADDRESS		Ris AND DIRECTORS IN 12 Addition Addition Addition Addition Addition
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ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	PD HUBSCHMAN, SAMUEL 3451 TAMIAMI TR E NAPLES FL STD HUBSCHMAN, ALBERT 3451 TAMIAMI TR E NAPLES FL VD BEYRENT, TERYL H. 3451 TAMIAMI TR E NAPLES FL V HUBSCHMAN, HARRISON 3451 TAMIAMI TR E	□ DELETE	13 TILLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 41 TICLE 4 2 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP 51 TITLE		Ris AND DIRECTORS IT TO Addition Change Addition Change Addition
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LE ME REE1 ADDRESS Y-S1-ZIP LE ME REET ADDRESS Y-S1-ZIP LE ME REE1 ADDRESS	PD HUBSCHMAN, SAMUEL 3451 TAMIAMI TR E NAPLES FL STD HUBSCHMAN, ALBERT 3451 TAMIAMI TR E NAPLES FL VD BEYRENT, TERYL H. 3451 TAMIAMI TR E NAPLES FL V HUBSCHMAN, HARRISON 3451 TAMIAMI TR E	DELETE DELETE	13 TILLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY - ST - ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 41 TITLE 4 2 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP 51 TITLE 52 NAME 53 STREET ADDRESS		Ris AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
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4. To orier of certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 anathymment with an address.

SIGNATURE:

SIGNATURE AND THEO OF

albert Hubschner

4.16. 96

Q47-7747555