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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N94000003111 (1)**

1. Corporation Name

WOODBURY PINES PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
ONE HERITAGE PLACE. SUITE 400 SOUTHGATE MI 48195	ONE HERITAGE PLACE. SUITE 400 SOUTHGATE MI 48195

3. Date Incorporated or Qualified: 06/23/1994

4. FEI Number: 58-2118447 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Woodbury Pines	26 Woodbury Pines Property Owners Assoc, Inc
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 781111
City & State 23 Orlando, FL	City & State 28 Orlando, FL
Zip 24 32828 Country 25 Orange	Zip 29 32878-1111 Country 30 Orange

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
John J. McCombs 403 Woodbury Pines Cir Orlando, FL, 32828	81 Name: John J. McCombs 82 Street Address (P.O. Box Number is Not Acceptable): 403 Woodbury Pines Cir 83 84 City: Orlando FL 85 Zip Code: 32828

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: John J. McCombs — 20 JAN 98
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	1.1 TITLE	"D" "DP"	☐ Change ☑ Addition
NAME	TREADWELL, DAVID L		1.2 NAME		
STREET ADDRESS	ONE HERITAGE PLACE - SUITE 400		1.3 STREET ADDRESS	John J. McCombs 403 Woodbury Pines Cir (DIRECTOR)	
CITY-ST-ZIP	SOUTHGATE MI 48195		1.4 CITY-ST-ZIP	Orlando, FL 32828	
TITLE	DST	☑ DELETE	2.1 TITLE	"D" "DVP"	☐ Change ☑ Addition
NAME	KOENIG, LORI		2.2 NAME		
STREET ADDRESS	ONE HERITAGE PLACE - SUITE 400		2.3 STREET ADDRESS	Heather L. Eblin 281 Woodbury Pines Cir (DIRECTOR)	
CITY-ST-ZIP	SOUTHGATE MI 48195		2.4 CITY-ST-ZIP	Orlando, FL 32828	
TITLE	DVP	☑ DELETE	3.1 TITLE	"D" "DST"	☐ Change ☑ Addition
NAME	JAHRAUS, GARY		3.2 NAME		
STREET ADDRESS	% 5728 MAJOR BLVD.		3.3 STREET ADDRESS	Kenneth W. Allen 409 Woodbury Pines Cir (DIRECTOR)	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Orlando, FL 32828	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: John J. McCombs GEN MGR — 20 JAN 98 — (407) 384-3785