Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90178 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS 1999

1. Corporation	MENT # N95000 IS WOODS COMMUNITY AS				
Deleginal Place	a of Rusiness	Mailing Address			
31425 US HWY 19 31425 US HWY 19 SUITE F SUITE F PALM HARBOR FL 34684 PALM HARBOR FL 34684					
US		US			
2 Principal P	face of Business	2a. Mailing Address		3. Date incorporated or Qualified	\neg
21	INDEAN STANFORM	26		11/06/1995	_
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number Applied For	
22		27 Ch. Chile		59-3345283 Not Applicat \$8.75 Additional	-
City & Stat	te	City & State		5. Certificate of Status Desired Fee Required	
23	Country	Zip	Country	6. Election Campaign Financing \$5.00 Mey 8a	
24	[25]	29 30	·	Trust Fund Contribution Added to Fees	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
			81 Name	FARHOD M. NIKJEH	
NIKJEH, F	ARHOD		82 Street	Address (P.O. Box Number is Not Acceptable)	
31473 US 19 N		83	S LANDMARY TRAIL	-	
PALM HAI	RBOR FL 34829				_
				PALM HARBOR FL 85 Zip Code 346 84	
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	4
office or r agent. I a	registered agent, or both, in the state of im familiar with, and accept the doligat	ions of, Section 617.0593, Florid	a Statutes.	corporation submits this statement for the purpose of changing us registered oration's board of directors. I hereby accept the appointment as registered	İ
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SIGNATURE	They was	1. nuyon		<u> </u>	ء ا
	Signature, typedicularisted name of registered agent	and trie if applicable. (NOTE: Re	gistered Agent signature (*)	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_ g
12.	OFFICERS AN	end trie if applicable. (NOTE: Re	glatered Agent signature (* 13. 1.1 YITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AN	and trie if applicable. (NOTE: Re	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSD Change Add	
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14. Theraby 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 cath; 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: