


3-26-97 B-3640 C
 FILE NOW: FILING FEE IS \$61.25

FILED
 Mar 26 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # N96000005117 (4)
 1. Corporation Name
 WOODLAND HEIGHTS/HIGHLAND COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
 687 BERKLEY DRIVE PENSACOLA FL 32503
 687 BERKLEY DRIVE PENSACOLA FL 32503-2324

3. Date Incorporated or Qualified 10/07/1996
 3a. Date of Last Report

2. Principal Place of Business
 21 P.O. BOX 2693
 Suite, Apt. #, etc.
 22
 City & State PENSACOLA FL
 23
 Zip 32503 Country G.S.C.
 24 25
 2a. Mailing Address
 26 P.O. BOX 2693
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip Country
 29 30

4. FEI Number 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
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 PECK, MICHAEL D SR.
 687 BERKLEY DRIVE
 PENSACOLA FL 32503

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 *Michael D Peck Sr* DATE 3/19/97
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	PECK, MICHAEL D SR.	1.2 NAME	
STREET ADDRESS	687 BERKLEY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	HUNT, BARBARA	2.2 NAME	
STREET ADDRESS	707 WOODLAND DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	MCNEALY, ALICIA	3.2 NAME	
STREET ADDRESS	521 WOODLAND DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	ROBINSON, LULA	4.2 NAME	
STREET ADDRESS	133 BERKLEY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	PERKINS, BARBARA	5.2 NAME	
STREET ADDRESS	686 BERKLEY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	TRAVIS, PATRICIA	6.2 NAME	
STREET ADDRESS	118 ALTAMONT DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	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: *Michael D Peck Sr* DATE: 3/19/97 DAYTIME PHONE #: 904-433-1538
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072631

CR2E037 (9/96)