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May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N96000005117 (4)

1. Corporation Name  
WOODLAND HEIGHTS/HIGHLAND COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address

P.O. BOX 2690 PENSACOLA FL 32503 US  
P.O. BOX 2690 PENSACOLA FL 32503 US

3. Date Incorporated or Qualified  
10/07/1996

4. FEI Number 99-3500643  
APPLIED FOR

Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

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

PECK, MICHAEL D SR.  
687 BERKLEY DRIVE  
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name Linda W. Wright  
82 Street Address (P.O. Box Number Is Not Acceptable) 721 Woodland Dr.  
83  
84 City Pensacola FL 85 Zip Code 32503

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 *Linda W. Wright* DATE 4/27/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PECK, MICHAEL D SR.	
STREET ADDRESS	687 BERKLEY DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUNT, BARBARA	
STREET ADDRESS	707 WOODLAND DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCNEALY, ALICIA	
STREET ADDRESS	521 WOODLAND DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBINSON, LULA	
STREET ADDRESS	133 BERKLEY DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PERKINS, BARBARA	
STREET ADDRESS	606 BERKLEY DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TRAVIS, PATRICIA	
STREET ADDRESS	118 ALTAMONT DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Linda W. Wright	
1.3 STREET ADDRESS	721 Woodland Dr.	
1.4 CITY-ST-ZIP	Pensacola, Fl. 32503	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Walter Wallace	
2.3 STREET ADDRESS	709 Woodland Dr.	
2.4 CITY-ST-ZIP	Pensacola, Fl. 32503	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cassie Green	
3.3 STREET ADDRESS	710 Boxwood Dr.	
3.4 CITY-ST-ZIP	Pensacola, Fl. 32503	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Martha Sanders	
5.3 STREET ADDRESS	726 Acntian Dr.	
5.4 CITY-ST-ZIP	Pensacola, Fl. 32503	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Graie Qolston	
6.3 STREET ADDRESS	826 Fairfax Dr.	
6.4 CITY-ST-ZIP	Pensacola, Fl. 32503	

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: *Linda W. Wright* DATE 4/27/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # 0025000

CR2E037 (10/97)