


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90048 049 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N97000004808**

1. Corporation Name

**WOODLAND ESTATES HOMEOWNERS, INC.**

Principal Place of Business  
 602 WOODLAND ESTATES AVE  
 RUSKIN FL 33570

Mailing Address  
 602 WOODLAND ESTATES AVE  
 RUSKIN FL 33570



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/25/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		APPLIED FOR 59-3491707	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		25		29	
Country		Country		Country	

9. Name and Address of Current Registered Agent

**LEADERS, MARY L**  
 602 WOODLAND ESTATES AVE, LOT #10  
 RUSKIN FL 33570

10. Name and Address of New Registered Agent

81 Name **Kenneth Solomon**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**602 Woodland Estates Ave. Lot #38**  
 83  
 84 City **Ruskin** **FL** 85 Zip Code **33570**

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 617.0303, Florida Statutes.

SIGNATURE **Kenneth Solomon**

*Kenneth D. Solomon*

4-22-99

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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAW, EDMUND	1.2 NAME	Janet Solomon
STREET ADDRESS	602 WOODLAND ESTATES AVE. LOT 46	1.3 STREET ADDRESS	602 Woodland Est. Ave. Lot #38
CITY-ST-ZIP	RUSKIN FL 33570	1.4 CITY-ST-ZIP	Ruskin, FL 33570
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINGRICH, CAROLYN	2.2 NAME	Bonnie Benedict
STREET ADDRESS	602 WOODLAND ESTATES AVE. LOT 13	2.3 STREET ADDRESS	602 Woodland Est. Ave. Lot #58
CITY-ST-ZIP	RUSKIN FL 33570	2.4 CITY-ST-ZIP	Ruskin, FL 33570
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAKINS, ROSE	3.2 NAME	Barbara Schuiteman
STREET ADDRESS	602 WOODLAND ESTATES AVE. LOT 23	3.3 STREET ADDRESS	602 Woodland Est. Ave. Lot #5
CITY-ST-ZIP	RUSKIN FL 33570	3.4 CITY-ST-ZIP	Ruskin, FL 33570
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURYEA, ROBERT	4.2 NAME	Anna Donnelly
STREET ADDRESS	602 WOODLAND ESTATES AVE. LOT 28	4.3 STREET ADDRESS	602 Woodland Est. Ave. Lot #42
CITY-ST-ZIP	RUSKIN FL 33570	4.4 CITY-ST-ZIP	Ruskin, FL 33570
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTTON, RICHARD	5.2 NAME	James Knott
STREET ADDRESS	602 WOODLAND ESTATES AVE. LOT 52	5.3 STREET ADDRESS	602 Woodland Est. Ave. Lot #19
CITY-ST-ZIP	RUSKIN FL 33570	5.4 CITY-ST-ZIP	Ruskin, FL 33570
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEADERS, MARY L	6.2 NAME	
STREET ADDRESS	602 WOODLAND ESTATES AVE. LOT 10	6.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL 33570	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: **Janet Solomon** *Janet Solomon* 8/3  
 SIGNATURE REQUIRED **Janet Solomon** 4/2/99 641-2974  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)