2001 UNIFORM BUSINESS REPORT (UBR) **FILED** May 07, 2001 8:00 am^s Secretary of State DOCUMENT # N9800001323 1. Entity Name WOODLAND PROPERTY OWNERS ASSOCIATION, INC. 05-07-2001 90029 024 ****61.25 Principal Place of Business 1745 WEST ELETCHER AVENUE 1745 WEST ELETCHER AVENUE 2. Principal Place of Business 3. Mailing Address 1600 N. Orange Avenue <u>1600 North Orange Avenue</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3496679 Orlando, Florida Orlando, Florida Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired -32804-USA 32804 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Gregg I. Zuckerman Street Address (P.O. Box Number is Not Acceptable) DIAMANDIŞ, JOHN-7 1600 N. Orange Avenue C/O RUDNISK & WOLFE 101 EAST KENNEDY BLVD SUITE 2000 Zip Code City TAMPA FL 33602-5133 Orlando 32804 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. April 30, 2001 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. DP Delete *Change Addition TITLE TITLE HACKNER, MARK O Gregg I. Zuckerman NAME NAME 1745 WEST FLETCHER AVENUE STREET ADDRESS STREET ADDRESS 1600 N. Orange Avenue CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33612** Orlando, Florida 32804 DST TITLE DST Delete TITLE XX Change ☐ Addition NAME RICE, MITCHELL F NAME Bernie O. Snoddy STREET ADDRESS 1745 WEST FLETCHER AVENUE STREET ADDRESS 1201 U.S. Highway 1, Suite 310 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33612** North Palm Beach, Florida 33408 ☐ Change ☐ Delete TITLE ☐ Addition TITLE HOLLOWAY, JOHN W NAME NAME STREET ADDRESS 6201 MATCHETTE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ORLANDO FL 32809 □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLE. Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP