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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

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**DOCUMENT # N98000005500**

1. Corporation Name

**WOODLAND ACRES NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business

7634 FREE AVE  
JACKSONVILLE FL 32211

Mailing Address

7634 FREE AVE  
JACKSONVILLE FL 32211



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/21/1998

4. FEI Number

59-3537313

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

9. Name and Address of Current Registered Agent

ELLER, CAROL A  
7634 FREE AVE  
JACKSONVILLE FL 32211

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME AKINS, TERRY  
STREET ADDRESS 8222 HARE AVE  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE VD ☐ DELETE

NAME GROSS, PAUL  
STREET ADDRESS 8718 HARE AVE  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE TD ☐ DELETE

NAME FLYNN, JAMES  
STREET ADDRESS 9124 FREE AVE  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE SD ☐ DELETE

NAME ELLER, CAROL  
STREET ADDRESS 7634 FREE AVE  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE D ☐ DELETE

NAME GRAHAM, BARBARA  
STREET ADDRESS 8307 EASTON AVE  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE D ☐ DELETE

NAME TERRY, TONY  
STREET ADDRESS 7929 EATON AVE  
CITY-ST-ZIP JACKSONVILLE FL 32211

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

*Carol Eller* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-99 (904) 723-2121

CR2E037 (11/98)