

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29460

**Entity Name:** WOODLAKE OF PORT ORANGE HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Mar 30, 2020**  
**Secretary of State**  
**3245182682CC****Current Principal Place of Business:**1898 S CLYDE MORRIS BLVD  
380  
PORT ORANGE, FL 32127**Current Mailing Address:**C/O WIMMER CAM  
P.O. BOX 214923  
SOUTH DAYTONA, FL 32121 US**FEI Number: 59-2918943****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WIMMER CAM  
C/O WIMMER CAM  
P.O. BOX 214923  
SOUTH DAYTONA, FL 32121 US*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.***SIGNATURE:** WIMMER CAM**03/30/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** DIRECTOR  
**Name** ROBERTS, PATRICIA  
**Address** C/O WIMMER CAM  
P.O. BOX 214923  
**City-State-Zip:** SOUTH DAYTONA FL 32121**Title** PRESIDENT  
**Name** KOEHLER, DAN  
**Address** C/O WIMMER CAM  
P.O. BOX 214923  
**City-State-Zip:** SOUTH DAYTONA FL 32121**Title** VP  
**Name** MEADOWS, JAMES  
**Address** C/O WIMMER CAM  
P.O. BOX 214923  
**City-State-Zip:** SOUTH DAYTONA FL 32121**Title** SECRETARY  
**Name** KILKER, KASEY  
**Address** C/O WIMMER CAM  
P.O. BOX 214923  
**City-State-Zip:** SOUTH DAYTONA FL 32121**Title** TREASURER  
**Name** BEKE, STEVEN  
**Address** C/O WIMMER CAM  
P.O. BOX 214923  
**City-State-Zip:** SOUTH DAYTONA FL 32121

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** KOEHLER , DAN**PRESIDENT****03/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date