

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **752190** (9)

1. Corporation Name  
**THE WOODLANDS OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**P O BOX 6055  
STUART FL 34997-6549**

Mailing Address  
**P O BOX 6055  
STUART FL 34997-6549**

3. Date Incorporated or Qualified **04/25/1980**      3a. Date of Last Report **05/01/1995**

2. Principal Place of Business  
21 Suite, Apt. #, etc.      26  
22 City & State      27  
23 Zip      25      Country      29      30

4. FEI Number **59-2427424**      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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**KLINGELSMITH, DAVID  
5701 SE LAMAY DR  
STUART FL 34997**

10. Name and Address of New Registered Agent  
81 Name **Balougue, David**  
82 Street Address (P.O. Box Number is Not Acceptable) **5661 S.E. Lamay Dr**  
83  
84 City **Stuart**      FL      85 Zip Code **34997**

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: *David Balougue*      **David Balougue, President**      3/26/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KLINGELSMITH, DAVID	
STREET ADDRESS	5701 SE LAMAY DR	
CITY-ST-ZIP	STUART FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BALONGUE, DAVID	
STREET ADDRESS	5661 SE LAMAY DR	
CITY-ST-ZIP	STUART FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WOLFE, JANE	
STREET ADDRESS	5685 SE LEMAY DR.	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GASSER, LINDA	
STREET ADDRESS	5619 SE LAMAY DR	
CITY-ST-ZIP	STUART FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GRILLIOT, ROSE ANN	
STREET ADDRESS	5646 SE LAYMAY DR	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIN, ANDREA CRAVER	
STREET ADDRESS	5638 SE LEMAY DR.	
CITY-ST-ZIP	STUART FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Oswalt, Greg	
1.3 STREET ADDRESS	5688 SE Lamay Dr	
1.4 CITY-ST-ZIP	Stuart, FL 34997	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lundstrom, Janet D	
4.3 STREET ADDRESS	5642 SE Lamay Dr	
4.4 CITY-ST-ZIP	Stuart, FL 34997	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Brown, Luther	
6.3 STREET ADDRESS	5645 SE Lamay Dr	
6.4 CITY-ST-ZIP	Stuart, FL 34997	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Janet D. Lundstrom*      **Janet D. Lundstrom, Treasurer**      3/26/96      407-220-6717

CR2E037 (12/95)