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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34997-0055
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3. Date Incorporated or Qualified 04/25/1980	3a. Date of Last Report 04/02/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2427424	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financial Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BALONQUE, DAVID
5661 SE LAMAY DR
STUART FL 34997**

10. Name and Address of New Registered Agent
81 Name **Sample, Colleen**
82 Street Address (P.O. Box Number is Not Acceptable)
5587 S.E. Lamay Drive
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 *Colleen Sample* **Colleen Sample, President** DATE **4/21/97**

12. OFFICERS AND DIRECTORS	
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	ISWALT, GREG
STREET ADDRESS	5688 SE LAMAY DR
CITY-ST-ZIP	STUART FL 34997
TITLE	P <input type="checkbox"/> DELETE
NAME	BALONQUE, DAVID
STREET ADDRESS	5661 SE LAMAY DR
CITY-ST-ZIP	STUART FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	WOLFE, JANE
STREET ADDRESS	5685 SE LEMAY DR.
CITY-ST-ZIP	STUART FL
TITLE	T <input type="checkbox"/> DELETE
NAME	LUNDSTORM, JANET D
STREET ADDRESS	5642 SE LAMAY DR
CITY-ST-ZIP	STUART FL 34997
TITLE	D <input type="checkbox"/> DELETE
NAME	GRILLIOT, ROSE ANN
STREET ADDRESS	5648 SE LAYMAY DR
CITY-ST-ZIP	STUART FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BROWN, LUTHER
STREET ADDRESS	5645 SE LAMAY DR
CITY-ST-ZIP	STUART FL 34997

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Colleen Sample
1.3 STREET ADDRESS	5587 S.E. Lamay Drive
1.4 CITY-ST-ZIP	Stuart, FL 34997
2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Eve Tillman
3.3 STREET ADDRESS	5665 S.E. Lamay Drive
3.4 CITY-ST-ZIP	Stuart, FL 34997
4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Laura Danahy
4.3 STREET ADDRESS	5681 S.E. Lamay Drive
4.4 CITY-ST-ZIP	Stuart, FL 34997
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Susan Grinels
6.3 STREET ADDRESS	5592 S.E. Lamay Drive
6.4 CITY-ST-ZIP	Stuart, FL 34997

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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.

CR2E037 (9/96)