

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 JUN -5 PM 4: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 752190 (9)
1. Corporation Name
THE WOODLANDS OWNERS ASSOCIATION, INC.

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

3. Date Incorporated or Qualified
04/25/1980
4. FEI Number
59-2427424
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**SAMPLE, COLLENE
8587 SE LAMAY DR
STUART FL 34997**

10. Name and Address of New Registered Agent
81 Name **Kathy Carolus**
82 Street Address (P.O. Box Number is Not Acceptable)
5596 SE 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 **Ethel K. Carolus** DATE **6/2/98**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SAMPLE, COLLEEN	
STREET ADDRESS	8587 SE LAMAY DR	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BALONGUE, DAVID	
STREET ADDRESS	5681 SE LAMAY DR	
CITY-ST-ZIP	STUART FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TILLMAN, EVE	
STREET ADDRESS	5665 SE LAMAY 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 checked="" type="checkbox"/> DELETE
NAME	GRILLIOT, ROSE ANN	
STREET ADDRESS	5646 SE LAMAY DR	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DANAHY, LAURA	
STREET ADDRESS	5681 SE LAMAY DR	
CITY-ST-ZIP	STUART FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kathy Carolus	
1.3 STREET ADDRESS	5596 SE Lamay Drive	
1.4 CITY-ST-ZIP	Stuart, FL 34997	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Elizabeth Kuapp	
2.3 STREET ADDRESS	5696 SE Lamay Drive	
2.4 CITY-ST-ZIP	Stuart, FL 34997	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	200002555192--8	
3.3 STREET ADDRESS	-06/10/98--01082--013	
3.4 CITY-ST-ZIP	*****61.25 *****61.25	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Luther Brown	
5.3 STREET ADDRESS	5645 SE Lamay Drive	
5.4 CITY-ST-ZIP	Stuart, FL 34997	
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.
SIGNATURE: **Laura Brockenridge Danahy** 15th 98
561-781-2385

CR2E037 (10/97)