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**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90067 023 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 752190**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>04/25/1980</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-2427424</b>
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**CAROLUS, KATHY**  
**5596 S.E. LAMAY DRIVE**  
**STUART FL 34997**

10. Name and Address of New Registered Agent

81 Name <b>Ray Carolus</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5596 SE Lamay Drive</b>
83 <del>Street</del>
84 City <b>Stuart</b>
85 Zip Code <b>FL 34997</b>

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 617.0543, Florida Statutes.

SIGNATURE *Ray Carolus, President* DATE **1-31-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SAMPLE, COLLEEN	
STREET ADDRESS	5587 SE LAMAY DR	
CITY-ST-ZIP	STUART FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CAROLUS, KATHY	
STREET ADDRESS	5596 S.E. LAMAY DRIVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TILLMAN, EVE	
STREET ADDRESS	5665 SE LAMAY DR	
CITY-ST-ZIP	STUART FL	
TITLE	D	<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	BROWN, LUTHER	
STREET ADDRESS	5645 S.E. LAMAY DRIVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	T	<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	director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sample Colleen	
1.3 STREET ADDRESS	5587 SE Lamay	
1.4 CITY-ST-ZIP	Stuart FL 34997	
2.1 TITLE	president	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ray Carolus	
2.3 STREET ADDRESS	5596 SE Lamay	
2.4 CITY-ST-ZIP	Stuart, FL 34997	
3.1 TITLE	Tillman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	← add zip code 34997	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Danahy	
6.3 STREET ADDRESS	← add zip code 34997	
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: *Signature of Katherine Harris* DATE: **30 Jan 99** DAYTIME PHONE #: **561-781-2385**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)