

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90101 001 ****61.25

DOCUMENT # 752190

1. Entity Name

THE WOODLANDS OWNERS ASSOCIATION, INC.

80030950



DO NOT WRITE IN THIS SPACE

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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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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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. Name and Address of Current Registered Agent

CAROLUS, RAY
5596 S.E. LAMAY DRIVE
STUART FL 34997

7. Name and Address of New Registered Agent

Name **JAMES BROOKS**
 Street Address (P.O. Box Number is Not Acceptable) **5619 SE LAMAY DR**
 City **STUART** FL Zip Code **34997**

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMPLE, COLLEEN 5587 SE LAMAY DR STUART FL 34997 <input type="checkbox"/> Delete <i>ok</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAROLUS, RAY 5596 S.E. LAMAY DRIVE STUART FL 34997 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TILLMAN, EVE 5665 SE LAMAY DR STUART FL 34997 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNDSTORM, JANET D 5642 SE LAMAY DR STUART FL 34997 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, LUTHER 5645 S.E. LAMAY DRIVE STUART FL 34997 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	L DANAHY, LAURA 5681 SE LAMAY DR STUART FL 34997 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES BROOKS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5619 SE LAMAY DR STUART FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARBARA R POGITSCH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5622 SE LAMAY DR STUART FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LESLEY LUDLAM 5605 SE LAMAY DR STUART FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara R Poglitsch* Treasurer 2/2/00 561 287 5356
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)