2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2002 8:00 am Secretary of State **DOCUMENT # 752190** 1. Entity Name THE WOODLANDS OWNERS ASSOCIATION, INC. 05-16-2002 90034 031 ****61.25 Principal Place of Business Mailing Address P O BOX 6055 P O BOX 6055 STUART FL 34997-6549 STUART FL 34997-6549 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2427424 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired ... Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **BROOKS, JAMES** 5619 SE LAMAY DR STUART FL 34997 City Zip Code 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. · OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE (9/01) ☐ Change Addition MOSS, MARTIN NAME NAME STREET ADDRESS 5684 SE LAMAY DRIVE STREET ADDRESS CITY-ST-ZIP STUART FL 34997 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **BROOKS, JAMES** NAME STREET ADDRESS 5619 SE LAMAY DR STREET ADDRESS CITY-ST-ZIP STUART FL-34997 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition GALUCCI, DAVID NAME NAME STREET ADDRESS 5609 SE LAMAY DR STREET ADDRESS CITY-ST-ZIP Stuart fl 34997 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition POLLITSCH, BARBARA R NAME STREET ADDRESS 5622 SW LAMAY DR STREET ADDRESS CITY-ST-ZIP STUART FL 34997 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME BAKER, JENNIFER NAME STREET ADDRESS 5637 SE LAMAY DRIVE STREET ADDRESS CITY-ST-ZIP STUART FL 34997 CITY-ST-ZIP TITLE ☐ Delete TITLE

12. I hereby certify that the information supplied with this filling 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 occiver 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

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE

DANAHY, LAURA

5681 SE LAMAY DR

STUART FL 34997

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition