
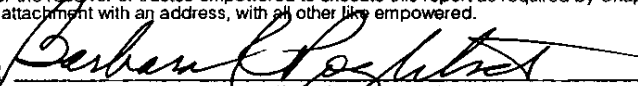


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 07, 2005 8:00 am**  
**Secretary of State**

07-07-2005 90004 018 \*\*\*\*61.25

<b>DOCUMENT # 752190</b> 1. Entity Name <b>THE WOODLANDS OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business P O BOX 6055 STUART FL 34997-6549		Mailing Address P O BOX 6055 STUART FL 34997-6549	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BROOKS, JAMES</b> <b>5619 SE LAMAY DR</b> <b>STUART FL 34997</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent			
SIGNATURE _____			
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D MOSS, MARIE ANN 5684 SE LAMAY DRIVE STUART FL 34997	<input checked="" type="checkbox"/> Delete	TITLE DIR BREW, MATTHIAS 5620 SE LAMAY DR STUART FL 34997
TITLE	D LUNDSTRUM, JANET 5600 SE LAMAY DR. STUART FL 34997	<input checked="" type="checkbox"/> Delete	TITLE DIR BLANCHER PATRICK 5623 SE LAMAY DR STUART FL 34997
TITLE	VP SAMPLE, COLLEEN 5587 SE LAMAY DR. STUART FL 34997	<input type="checkbox"/> Delete	TITLE PRES COTTON LAWRENCE 5595 SE LAMAY DR STUART FL 34997
TITLE	T POLLITSCH, BARBARA R 5622 SW LAMAY DR STUART FL 34997	<input type="checkbox"/> Delete	TITLE SEC
TITLE	S COHEN, SUSAN 5595 SE LAMAY DR. STUART FL 34997	<input checked="" type="checkbox"/> Delete	TITLE VP COTTON LAWRENCE 5595 SE LAMAY DR STUART FL 34997
TITLE	P DANAHY, LAURA 5681 SE LAMAY DR STUART FL 34997	<input type="checkbox"/> Delete	TITLE SEC
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: 		Date: <b>6/28/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

14018233



1st MOORE CR2E037 (10/04)