

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90140 026 \*\*\*\*61.25

**DOCUMENT # 752190**

1. Entity Name  
**THE WOODLANDS OWNERS ASSOCIATION, INC.**



Principal Place of Business  
P O BOX 6055  
STUART, FL 34997-6548

Mailing Address  
P O BOX 6055  
STUART, FL 34997-6548



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2427424**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROOKS, JAMES**  
**5619 SE LAMAY DR**  
**STUART, FL 34997**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **BREW, MATHIAS**  
STREET ADDRESS **5620 SOUTHEAST LAMAY DRIVE**  
CITY-ST-ZIP **STUART, FL 34997**

TITLE **VP** ☐ Change ☒ Addition  
NAME **ANNE MARIE MOSS**  
STREET ADDRESS **5684 SE LAMAY DRIVE**  
CITY-ST-ZIP **STUART FL 34997-6548**

TITLE **D** ☐ Delete  
NAME **BLANCHER, PATRICK**  
STREET ADDRESS **5673 SOUTHEAST LAMAY DRIVE**  
CITY-ST-ZIP **STUART, FL 34997**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☒ Delete  
NAME **SAMPLE, COLLEEN**  
STREET ADDRESS **5587 SE LAMAY DR.**  
CITY-ST-ZIP **STUART, FL 34997**

TITLE **PRES** ☐ Change ☒ Addition  
NAME **EVE TILLMAN**  
STREET ADDRESS **5665 SE LAMAY DRIVE**  
CITY-ST-ZIP **STUART FL 34997**

TITLE **T** ☐ Delete  
NAME **POLLITSCH, BARBARA R**  
STREET ADDRESS **5622 SE LAMAY DR**  
CITY-ST-ZIP **STUART, FL 34997**

TITLE ☒ Change ☐ Addition  
NAME **POGLITSCH, BARBARA R**  
STREET ADDRESS **5622 SE LAMAY DRIVE**  
CITY-ST-ZIP **STUART FL 34997-6548**

TITLE **J** ☐ Delete  
NAME **COHEN, LAWRENCE**  
STREET ADDRESS **5595 SOUTHEAST LAMAY DRIVE**  
CITY-ST-ZIP **STUART, FL 34997**

TITLE **J** ☒ Change ☐ Addition  
NAME **COHEN LAWRENCE**  
STREET ADDRESS **5595 SE LAMAY DR**  
CITY-ST-ZIP **STUART FL 34997-6548**

TITLE **S** ☒ Delete  
NAME **DANAHA, LAURA**  
STREET ADDRESS **5681 SE LAMAY DR**  
CITY-ST-ZIP **STUART, FL 34997**

TITLE **SEC** ☐ Change ☒ Addition  
NAME **CYNTHIA BLANCHER**  
STREET ADDRESS **5673 SE LAMAY DRIVE**  
CITY-ST-ZIP **STUART FL 34997-6548**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**4/12/06** **772 287-5356**