

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752190

FILED
Feb 16, 2010
Secretary of State

Entity Name: THE WOODLANDS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5700 S E LAMAY DRIVE
STUART, FL 349976548

New Principal Place of Business:

Current Mailing Address:

P O BOX 6055
STUART, FL 349976548

New Mailing Address:

FEI Number: 59-2427424 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S
Name: PETERS, HENRY
Address: 5592 SE LAMAY DR
City-St-Zip: STUART, FL 34997

Title: VP
Name: BLANCHER, PATRICK
Address: 5673 SOUTHEAST LAMAY DRIVE
City-St-Zip: STUART, FL 34997

Title: D
Name: TILLMAN, EVE
Address: 5665 SE LAMAY DR
City-St-Zip: STUART, FL 34997

Title: T
Name: POGLITSCH, BARBARA R
Address: 5622 SE LAMAY DR
City-St-Zip: STUART, FL 349976548

Title: P
Name: COHEN, LAWRENCE
Address: 5595 SOUTHEAST LAMAY DRIVE
City-St-Zip: STUART, FL 34997

Title: D
Name: SAMPLE, COLLEEN
Address: 5587 SE LAMAY DR
City-St-Zip: STUART, FL 349976548

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA R POGLITSCH

T

02/16/2010

Electronic Signature of Signing Officer or Director

Date