


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91059 037 ****61.25

DOCUMENT # 752190

1. Entity Name
THE WOODLANDS OWNERS ASSOCIATION, INC.



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.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2427424** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BROOKS, JAMES
5619 SE LAMAY DR
STUART FL 34997

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MOSS, MARTIN	
STREET ADDRESS	5684 SE LAMAY DRIVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, JAMES	
STREET ADDRESS	5619 SE LAMAY DR	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GALUCCI, DAVID	
STREET ADDRESS	5609 SE LAMAY DR	
CITY-ST-ZIP	STUART FL 34997	
TITLE	T	<input type="checkbox"/> Delete
NAME	POLLITSCH, BARBARA R	
STREET ADDRESS	5622 SW LAMAY DR	
CITY-ST-ZIP	STUART FL 34997	
TITLE	S	<input type="checkbox"/> Delete
NAME	BAKER, JENNIFER	
STREET ADDRESS	5637 SE LAMAY DRIVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	P	<input type="checkbox"/> Delete
NAME	DANAHY, LAURA	
STREET ADDRESS	5681 SE LAMAY DR	
CITY-ST-ZIP	STUART FL 34997	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRI PARENT	
STREET ADDRESS	5600 SE LAMAY DR	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Laura Danahy* *April 15 2003*

CR2E037 (10/02)