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

May 03, 2005 8:00 am> Secretary of State **DOCUMENT*# 754017** 05-03-2005 90109 015 ****70.00 THE WOODLAND OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 2492 FORT PIERCE FL 34954 P.O. BOX 2492 FORT PIERCE FL 34954 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-2728592 Not Applicable 7in Country Zip. Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORNETT, GOOGE AND ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 401 S.E. OS CEDLA ST. (HAS NOT PRICE - KEMLAGE, DONNA 2516 SOUTH 19TH STREET BEEN SINCE BUILDING 1, OPT. 104 2003) FORT PIERCE FL 34-9824 349 82 City StungT 34994 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. WAS THE REGISTERED AGENT SINCE 2004 WILL REMAIN FOR 2005 SARAH NALL WORSHAM, ESQ. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. NEW OFFICER LIST FOR 2005 2006 **PMD** TITLE TITLE ☐ Delete CARBONARA, JOHN M NAME NAME Carbonara, John M. 2516 S. 19TH ST., BLDG. 1, APT. 106 STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34982 2516 S. 19th St., BLDG. 1, APT. 106 CHTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE FEE, MARY K Fee, Mary K. 1300 Seaway Dr., A-4 FT. Pierce, FL. 34949 NAME NAME 1300 SEAWAY DR. A-4 STREET ADDRESS STREET ADDRESS FT PIERCE FL 34949 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Defete **VPD** PRICE-KEMLAGE, DONNA NAME NAME Finney, Sonja 10960 Pine Creek La. PT. ST. LUCIE, FL. 34986 2516 S. 19TH ST., BLDG. 1, APT. 104 STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34982 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition FINNEY, SONJA NAME NAME Ramshaw, Caitlin 10960 PINE CREEK LANE STREET ADDRESS STREET ADDRESS 2516 S. 19th ST., BLDG. 1, APT. 108 PORT SAINT LUCIE FL 34986 CITY-ST-ZIP CITY-ST-7IP FT. Pierce FL. 34982 TITLE TITLE Change ☐ Addition ☐ Delete MCGUINNESS, PAUL NAME NAME PRICE-MEMLAGE, Donna 1766 SW ALBERCA LANE 2516 S. 19th St., Bldg. 1, APT. 104 FT. PIERCE, FL. 34982 STREET ADDRESS STREET ADDRESS PORT SAINT LUCIE FL 34953 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete 174 Change ☐ Addition RAMSHAW, CAITLIN MCGUINNESS, POUL NAME NAME 2516 S. 19TH ST., BLDG. I., APT. 108 1766 S.W. Alberca La. STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34982 CITY-ST-ZIP CITY-ST-7IP PT. ST. LUCIE, FL. 34953 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.

FILED

SIGNATURE: Denne Price-Kemlige - Donna PRICE-KEMLAGE (TREASURER) 04-27-05 462-2514

SIGNATURE: Denne Price - Kemlige - Donna Price on director

Despire Phone #