2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State
05-05-2006 90192 005 ****70.00

DOCUMENT # 754017

1. Entity Name

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

1st MOORE CR2E037 (10/05)

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 59-2728592 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORNETT GOOGE AND ASSOC, P.A.
401 SE OSCEOLA ST
STUART FL 34994

NO LONGER REPRESTING AGENCY/ ASSOCIATION

7. Name and Address of New Registered Agent

Name: NONE CURRENTLY

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

FILE NOW: 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PMD CARBONARA, JOHN M 2516 S. 19TH ST., BLDG. 1, APT. 106 FORT PIERCE FL 34982	☐ Delete	PMD CARBONARA, John M 2516 S. 19th ST., BLDG. I, APT. 106 FT. PIERCE, FL. 34982 (772) 337-0019	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FEE, MARY K 1300 SEAWAY DR. A-4 FT PIERCE FL 34949	☒ Delete	VP FINNEY, SONJA 10960 PINE CREEK LANE PT. ST. LUCIE, FL. 34986 (772) 465-3277	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PIRCE-KEMLAGE, DONNA 2516 S 19 ST BLDG 1 APT 104 FORT PIERCE FL 34982	☐ Delete	T PRICE-KEMLAGE, DONNA 2516 S. 19th ST., BLDG. I, APT. 104 FT. PIERCE, FL. 34982 (772) 468-3799	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FINNEY, SONJA 10960 PINE CREEK LANE PORT SAINT LUCIE FL 34986	☒ Delete	S Ramshaw, Caitlin 2516 S. 19th ST., BLDG. I, APT. 108 FT. PIERCE, FL. 34982 (772) 429-3348	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGUINNESS, PAUL 1766 SW ALBERCA LANE PORT SAINT LUCIE FL 34953	☒ Delete	Chairperson/Subordinate Joyce Kleja 2517 S. 17th ST., BLDG. I, APT. 106 FT. PIERCE, FL. 34982	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C RAMSHAW, CAITLIN 2516 S. 19TH ST., BLDG. I., APT. 108 FORT PIERCE FL 34982	☒ Delete	Chairperson/Subordinate Carol Alberts 2513 S. 17th ST., BLDG. I, APT. 205 FT. PIERCE, FL. 34982	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Donna Price-Kemlage DONNA PRICE-KEMLAGE 04/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #