

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2007 8:00 am
Secretary of State

06-07-2007 90003 018 ****70.00

DOCUMENT # 754017 1. Entity Name THE WOODLAND OWNERS ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 2492 FORT PIERCE FL 34954	Mailing Address P.O. BOX 2492 FORT PIERCE FL 34954
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

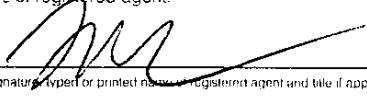
2nd MOORE CR2E037 (4/07)

4. FEI Number 59-2728592	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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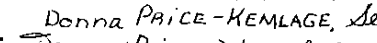
6. Name and Address of Current Registered Agent CORNETT GOOGE AND ASSOC PA 401 SE OSCEOLA ST STUART FL 34994 VOID	
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7. Name and Address of New Registered Agent Name Robert Goldman, ESQ Street Address (P.O. Box Number is Not Acceptable) Fox, Wackeen, Dungey et al 3473 S.E. Willoughby Blvd. City STUART, FL Zip Code 34994	
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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. X SIGNATURE  DATE 6/4/07 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when installing)	
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FILE NOW: FEE IS \$61.25 Due By: September 5, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FINNEY, SONJA 10960 PINE CRK LN PORT SAINT LUCIE FL 34986 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAITLYN, RAMSHAW 2516 S. 19th ST., BLDG. I, APT. #108 FT. PIERCE, FL. 34982 ☐ 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DONNA PRICE-KEMLAGE 2516 S. 19th ST., BLDG. I, APT. #104 FT PIERCE, FL. 34982 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAMSHEN, CAITLIN 2516 S 19TH ST BLDG I APT 108 FORT PIERCE FL 34982 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS KLEJA, JOYCE 2517 S 17TH ST BLDG I APT 106 FORT PIERCE FL 34982 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JOAN CARBONARA 2516 S. 19th ST., BLDG. I, APT. #106 FT. PIERCE, FL. 34982 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS ALBERTS, CAROL 2513 S 17TH ST BLDG I APT 205 FORT PIERCE FL 34982 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CAROL ALBERTS 2513 S. 17th ST., BLDG. III, 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 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: Donna Price-Kemlage, Secretary/Treasurer 	(772) 462-2514