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

FILED
Jun 05, 2003 8:00 am
Secretary of State
05-05-2003 91428 013 ****61.25

DOCUMENT # 754017

1. Entity Name
THE WOODLAND OWNERS ASSOCIATION, INC.

55046676

Principal Place of Business	Mailing Address
P.O. BOX 2492 FORT PIERCE FL 34954	P.O. BOX 2492 FORT PIERCE FL 34954

☑ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
PRICE - KEMLAGE, DONNA 2516 SOUTH 19TH STREET BUILDING 1, OPT. 104 FORT PIERCE FL 34-9821	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: Donna Price-Kemlage April 29th, 2003
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

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	DS LOVELL, JERRY P.O. BOX 12757 PORT ST LUCIE FL 34979-2757	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President PD John M. Carbonara 2516 S. 19th St., Bldg. 1, Apt. 106 Fort Pierce, FL. 34982	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV FEE, MARY K 1300 SEAWAY DR. A-4 FT PIERCE FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President VPD Mary Kate Fee 1300 Seaway Dr., APT. A-4 Fort Pierce, FL. 34949	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CARBONNRA, JOHN 2516 S 19TH BLDG APT 106 FORT PIERCE FL 34982	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary SD DONNA PRICE-KEMLAGE 2516 S. 19th ST., Bldg. 1, Apt. 104 Fort Pierce, FL. 34982	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PRICE - KEMLAGE, DONNA 2516 SOUTH 19TH BUILDING 1, OPT 104 FORT PIERCE FL 34982	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER Sonja Finney 10960 PineGreek Lane PT. ST. Lucie, FL. 34986	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Donna Price-Kemlage 04/29/03 (772) 460-9875 Homeowners Message *
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #