

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06359 (6)
1. Corporation Name
WOODLANDS VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **7133 WOODED VILLAGE LANE ORLANDO FL 32835-2726**
Mailing Address: **PO BOX 1711 WINDERMERE FL 34786-1711 US**

3. Date Incorporated or Qualified: **11/28/1984**
3a. Date of Last Report: **02/01/1995**
4. FEI Number: **59-2879092**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**LOCKE, WANDA J
7133 WOODED VILLAGE LANE
ORLANDO FL 32835-2726**

10. Name and Address of New Registered Agent
81 Name: **DONALD Knowlton**
82 Street Address (P.O. Box Number is Not Acceptable): **7100 Wooded Village Lane**
83 City: **Orlando** FL 85 Zip Code: **32835**

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such changes are authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: *Sandra A. Annonson* (NOTE: Registered Agent signature required when reappointing) DATE: **Feb. 8, 1996**

12. OFFICERS AND DIRECTORS	
TITLE: COPD	<input checked="" type="checkbox"/> DELETE
NAME: LOCKE, WANDA J	
STREET ADDRESS: 7133 WOODED VILLAGE LANE	
CITY-ST-ZIP: ORLANDO FL 32835	
TITLE: COPD	<input checked="" type="checkbox"/> DELETE
NAME: GONZALEZ, NORA	
STREET ADDRESS: 7116 WOODED VILLAGE LN.	
CITY-ST-ZIP: ORLANDO FL 32835	
TITLE: VPD	<input checked="" type="checkbox"/> DELETE
NAME: NATALINI, JOAN	
STREET ADDRESS: 4536 WOODLANDS VILLAGE DR.	
CITY-ST-ZIP: ORLANDO FL	
TITLE: SD	<input checked="" type="checkbox"/> DELETE
NAME: SHERMAN, D. ELLEN	
STREET ADDRESS: 7142 WOODED VILLAGE LANE	
CITY-ST-ZIP: ORLANDO FL 32835	
TITLE: TD	<input checked="" type="checkbox"/> DELETE
NAME: SUMMERS, PATRICIA A	
STREET ADDRESS: 7141 WOODED VILLAGE LANE	
CITY-ST-ZIP: ORLANDO FL 32835	
TITLE: <input type="checkbox"/> DELETE	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE: PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME: Knowlton, Donald (knowlton, DONALD)	
13 STREET ADDRESS: 7100 Wood Village Lane	
14 CITY-ST-ZIP: Orlando Florida 32835	
21 TITLE: COVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME: John, Jay (John, JAY)	
23 STREET ADDRESS: 4524 Village wood DR.	
24 CITY-ST-ZIP: Orlando, Florida 32835	
31 TITLE: COVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME: Gedoun, radia	
33 STREET ADDRESS: 4540 Village wood DR.	
34 CITY-ST-ZIP: Orlando, Florida 32835	
41 TITLE: SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME: Bunch, Mary	
43 STREET ADDRESS: 7147 Shady wood Lane	
44 CITY-ST-ZIP: Orlando, Florida 32835	
51 TITLE: TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME: Annonson, Sandra (ANNONSON)	
53 STREET ADDRESS: 4647 Woodlands Village DR.	
54 CITY-ST-ZIP: Orlando, Florida 32835	
61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME:	
63 STREET ADDRESS:	
64 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra Annonson* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: **Feb 8, 1996** DAYTIME PHONE #: **407 578-5288**

CR2E037 (12/95)