2005 NOT-FOR-PROFIT CORPORATION

FILED ANNUAL REPORT Apr 06, 2005 08:00 AM Secretary of State **DOCUMENT # N06359** 1. Entity Name WOODLANDS VILLAGE HOMEOWNERS ASSOCIATION. Principal Place of Business Mailing Address 7109 WOODED VILLAGE LN PO BOX 1711 WINDERMERE, FL 34786-1711 US ORLANDO, FL 32835 US_ 02072005 No Cha-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2879092 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JONES, GORDON DO NOT WRITE 7109 WOODED VILLAGE LN ORLANDO, FL 32835. IN THIS SPACE 3. 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 Bite it applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 **\$5.00** May Be Trust Fund Contribution. Added to Fees Due by May 1, 2005 OFFICERS AND DIRECTORS 10. TITLE PD NAME JONES, GORDON STREET ADDRESS 7109 WOODEN VILLAGE LN. CITY-ST-ZIP ORLANDO, FL 32035 TITLE 04/06/05-80019-003 61.25 STROUD, BARBARA NAME STREET ADDRESS 4646 WOODLANDS VILLAGE DR CITY-ST-ZIP. ORLANDO, FL 32835 TITLE NAME RAJASEKHAR, RAJ STREET ADDRESS 4531 VILLAGE WOOD DR. DO NOT WRITE CITY-ST-ZIP ORLANDO, FL 32835 IN THIS SPACE TITLE NAME GARRETT, DENNIS STREET ADDRESS 7100 WOODED VILLAGE LN. CITY-ST-ZIP ORLANDO, FL 32835

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Figrida 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> Treamer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-69526263

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