



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N06359</b> 1. Entity Name WOODLANDS VILLAGE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 7109 WOODED VILLAGE LN ORLANDO, FL 32835 US	Mailing Address PO BOX 1711 WINDERMERE, FL 34786-1711 US
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DO NOT WRITE IN THIS SPACE



01202007 No Chg-NP      CR2E037 (4/06)

4. FEI Number 59-2879092	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

JONES, GORDON  
 7109 WOODED VILLAGE LN  
 ORLANDO, FL 32835

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IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JONES, GORDON
STREET ADDRESS	7109 WOODEN VILLAGE LN.
CITY-ST-ZIP	ORLANDO, FL 32035
TITLE	SD
NAME	STROUD, BARBARA
STREET ADDRESS	4646 WOODLANDS VILLAGE DR
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	TD
NAME	RAJASEKHAR, RAJ
STREET ADDRESS	4531 VILLAGE WOOD DR.
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	VD
NAME	GARRETT, DENNIS
STREET ADDRESS	7100 WOODED VILLAGE LN.
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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000000636408  
02/26/07-80015-018-70.00

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:** *Car. Rajasekhar*      **TREASURER**      2/11/2007      407-291-1959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #