

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752190

**FILED**  
**Mar 06, 2018**  
**Secretary of State**  
**CC1012747851**

**Entity Name:** THE WOODLANDS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5700 S E LAMAY DRIVE  
STUART, FL 34997-6548

**Current Mailing Address:**

P O BOX 685  
STUART, FL 34992 US

**FEI Number:** 59-2427424

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

POGLITSCH, BARBARA R  
5622 SE LAMAY DR  
STUART, FL 34997 US

*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.*

**SIGNATURE:** BARBARA R POGLITSCH

03/06/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PETERS, HENRY  
Address        5592 SE LAMAY DR  
City-State-Zip: STUART FL 34997

Title            VP  
Name            BLAYLOCK, CHRISTOPHER  
Address        5620 SE LAMAY DRIVE  
City-State-Zip: STUART FL 34997

Title            EXECUTIVE SECRETARY  
Name            SAMPLE, COLLEEN  
Address        5587 SE LAMAY DR  
City-State-Zip: STUART FL 34997

Title            T  
Name            POGLITSCH, BARBARA R  
Address        5622 SE LAMAY DR  
City-State-Zip: STUART FL 34997-6548

Title            DIRECTOR  
Name            BROOKS, JAMES  
Address        5619 SOUTHEAST LAMAY DRIVE  
City-State-Zip: STUART FL 34997

Title            D  
Name            ENGLEBRECHT, JANE  
Address        5604 SE LAMAY DR  
City-State-Zip: STUART FL 34997-6548

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARBARA R POGLITSCH

**TREASURER**

03/06/2018

Electronic Signature of Signing Officer/Director Detail

Date