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. 03/05/2015 TREASURER

SIGNATURE: BARBARA R POGLITSCH

Electronic Signature of Signing Officer/Director Detail

5700 S E LAMAY DRIVE STUART, FL 34997-6548

Current Mailing Address:

Current Principal Place of Business:

P O BOX 685 STUART, FL 34992 US

FEI Number: 59-2427424

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	E: BARBARA R POGLITSCH			03/05/2015
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	V, VP	Title	PRESIDENT	
Name	PETERS, HENRY	Name	BLANCHER, PATRICK	
Address	5592 SE LAMAY DR	Address	5673 SE LAMAY DRIVE	
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997	
Title	D	Title	Т	
Name	TILLMAN, EVE	Name	POGLITSCH, BARBARA R	
Address	5665 SE LAMAY DR	Address	5622 SE LAMAY DR	
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997-6548	
Title	DIRECTOR	Title	D	
Name	COHEN, LAWRENCE	Name	BALONGUE, DAVID	
Address	5595 SOUTHEAST LAMAY DRIVE	Address	5561 SE LAMAY DR	
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997-6548	

Certificate of Status Desired: No

Date

FILED Mar 05, 2015 Secretary of State CC2999037578

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752190

Entity Name: THE WOODLANDS OWNERS ASSOCIATION, INC.