

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754017

Entity Name: THE WOODLAND OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2516 S. 19TH STREET
FORT PIERCE, FL 34982**Current Mailing Address:**THE WOODLAND OWNERS ASSOCIATION, INC., C/O MARY R. HARVEY,
ESQUIRE, P.L.
850 NW FEDERAL HIGHWAY
STUART, FL 34994 US**FEI Number:** 59-2728592**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HARVEY, MARY R ESQ
850 NW FEDERAL HIGHWAY
STUART, FL 34994 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	FALK, ALLEN ESQ.
Address	FALK LAW GROUP, 507 N. DIXIE HIGHWAY
City-State-Zip:	LAKE WORTH FL 33460

Title	SECRETARY
Name	FAULKNER, ANTOINETTE
Address	1920 JACARANDA AVE #204
City-State-Zip:	FORT PIERCE FL 34949

Title	TREASURER
Name	LOPEZ, DELSA
Address	2516 SOUTH 19TH STREET BLDG I, UNIT 201
City-State-Zip:	FT. PIERCE FL 34982

Title	VP
Name	BOND, KAHLIL
Address	PO BOX 3983
City-State-Zip:	WEST PALM BEACH FL 33402

Title	PRESIDENT
Name	GONZALEZ, IRIS
Address	4356 SW SAVONA BLVD
City-State-Zip:	PORT ST LUCIE FL 34953

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: DELSA LOPEZ**TREASURER****03/31/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date