

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006144

**FILED**  
**Feb 19, 2014**  
**Secretary of State**  
**CC7252745827**

**Entity Name:** WOODLAND LAKES PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

12506 LAKE UNDERHILL ROAD  
MP #828  
ORLANDO, FL 32825

**Current Mailing Address:**

100 SOUTH CHARLES STREET  
BALTIMORE, MD 21201 US

**FEI Number: 59-3683893**

**Certificate of Status Desired: No**

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

F&L CORP  
ONE INDEPENDENT DRIVE, SUITE 1300  
JACKSONVILLE, FL 32202 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 DVPT  
Name POSSENRIEDE, KENNETH R  
Address 6801 ROCKLEDGE DRIVE  
City-State-Zip: BETHESDA MD 20817

Title DP  
Name O'BRIEN, ROBERT  
Address 100 SOUTH CHARLES STREET, STE 1400  
City-State-Zip: BALTIMORE MD 21201

Title DVPS  
Name SHEA, THERESA B  
Address 100 SOUTH CHARLES STREET, SUITE 1400  
City-State-Zip: BALTIMORE MD 21201

Title AT  
Name WHITNEY, RENA H  
Address 6801 ROCKLEDGE DRIVE  
City-State-Zip: BETHESDA MD 20817

Title AS  
Name CORDERO, MARITZA  
Address 6801 ROCKLEDGE DRIVE  
City-State-Zip: BETHESDA MD 20817

Title VP  
Name TROAN, GEOFFREY  
Address 477 WATER STREET  
City-State-Zip: CELEBRATION FL 34747

*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: THERESA B. SHEA**

**SECRETARY**

**02/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date