

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006144

**FILED**  
**Apr 20, 2016**  
**Secretary of State**  
**CC0720172931**

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

**Current Principal Place of Business:**

100 S CHARLES ST  
STE 1400  
BALTIMROE, MD 21201

**Current Mailing Address:**

PO BOX 61511  
BLDG 100, RM U4632  
KING OF PRUSSIA, PA 19406 US

**FEI Number: 59-3683893**

**Certificate of Status Desired: No**

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

LAW OFFICE OF TED B. EDWARDS, P.A.  
1350 ORANGE AVE., SUITE 260  
WINTER PARK, FL 32789 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 POSSENRIEDE, KENNETH R  
Address 6801 ROCKLEDGE DR  
City-State-Zip: BETHESDA MD 20817

Title DIRECTOR, PRESIDENT  
Name O'BRIEN, ROBERT  
Address 100 SOUTH CHARLES ST  
City-State-Zip: BALTIMORE MD 21201

Title ASST. TREASURER  
Name WHITNEY, RENA H  
Address 6801 ROCKLEDGE DR  
City-State-Zip: BETHESDA MD 20817

Title ASST. SECRETARY  
Name CORDERO, MARITZA  
Address 6801 ROCKLEDGE DR  
City-State-Zip: BETHESDA MD 20817

Title ASST. SECRETARY  
Name ALLEN, KATHY L  
Address 6801 ROCKLEDGE DR  
City-State-Zip: BETHESDA MD 20817

Title VP  
Name GAYLORD, JOHN  
Address 100 SOUTH CHARLES ST  
City-State-Zip: BALTIMROE MD 21201

Title ASST. SECRETARY  
Name HEYWOOD, DAVID A  
Address 6801 ROCKLEDGE DR  
City-State-Zip: BETHESDA MD 20817

Title ASST. SECRETARY, OTHER  
Name MCNEILL, JAMES F  
Address 100 SOUTH CHARLES ST  
City-State-Zip: BALTIMORE MD 21201

**Continues on page 2**

*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: DONALD P MARTIN**

**ASSISTANT SECRETARY 04/20/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY, OTHER  
Name YAN, SUSAN  
Address 2323 EASTERN BLVD  
City-State-Zip: BALTIMORE MD 21220

Title ASST. TREASURER  
Name IDE, MARCUS B  
Address 6801 ROCKLEDGE DR  
City-State-Zip: BETHESDA MD 20817

Title VP, SECRETARY, DIRECTOR  
Name DIVNEY, JEFFREY A  
Address 6801 ROCKLEDGE DR  
City-State-Zip: BETHESDA MD 20817

Title ASST. SECRETARY  
Name MARTIN, DONALD P  
Address 230 MALL BLVD  
City-State-Zip: KING OF PRUSSIA PA 19406