

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009323

**Entity Name:** WOODLAND LAKES PRESERVE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**640 E. STATE ROAD 434 - SUITE 3000  
LONGWOOD, FL 32750**Current Mailing Address:**640 E. STATE ROAD 434 - SUITE 3000  
LONGWOOD, FL 32750 US**FEI Number:** 20-3402535**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BONO AND ASSOCIATES  
640 E. STATE ROAD 434 - SUITE 3000  
LONGWOOD, FL 32750 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:** MICHAEL L BONO

05/01/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR
Name	LINDER, CHARLES
Address	640 E. STATE ROAD 434 - SUITE 3000
City-State-Zip:	LONGWOOD FL 32750

Title	VP
Name	BORDNER, CHAD
Address	640 E. STATE ROAD 434 - SUITE 3000
City-State-Zip:	LONGWOOD FL 32750

Title	TREASURER
Name	STICKLER, BROOKS
Address	640 E. STATE ROAD 434 - SUITE 3000
City-State-Zip:	LONGWOOD FL 32750

Title	PRESIDENT
Name	LEHMAN, BRIAN
Address	640 E. STATE ROAD 434 - SUITE 3000
City-State-Zip:	LONGWOOD FL 32750

Title	SECRETARY
Name	ZURASKY, JENNA
Address	640 E. STATE ROAD 434 - SUITE 3000
City-State-Zip:	LONGWOOD FL 32750

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:** BRIAN LEHMAN

PRESIDENT

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date