2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0500002786

Entity Name: WOODSLANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O FIRSTSERVICE RESIDENTIAL 12794 FOREST HILL BLVD SUITE 31 WELLINGTON, FL 33414

Current Mailing Address:

C/O FIRSTSERVICE RESIDENTIAL 12794 FOREST HILL BLVD SUITE 31 WELLINGTON, FL 33414 US

FEI Number: 20-2921640

Name and Address of Current Registered Agent:

WASSERSTEIN, P.A. 301 YAMATO ROAD., SUITE 2199 BOCA RATON, FL 33431 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

Officer/Director Detail :

SECRETARY/TREASURER	Title	PRESIDENT
TEMPLETON, ANGELA	Name	HOCKMAN, CHAD
C/O FIRSTSERVICE RESIDENTIAL 12794 FOREST HILL BLVD SUITE 31	Address	C/O FIRSTSERVICE RESIDENTIAL 12794 WEST FOREST HILL BLVD.
WELLINGTON FL 33414		SUITE 31
	City-State-Zip:	WELLINGTON FL 33414
VP		
GRIFFIN, SEAN		
C/O FIRSTSERVICE RESIDENTIAL 12794 WEST FOREST HILL BLVD. SUITE 31		
	TEMPLETON, ANGELA C/O FIRSTSERVICE RESIDENTIAL 12794 FOREST HILL BLVD SUITE 31 WELLINGTON FL 33414 VP GRIFFIN, SEAN C/O FIRSTSERVICE RESIDENTIAL 12794 WEST FOREST HILL BLVD.	TEMPLETON, ANGELA Name C/O FIRSTSERVICE RESIDENTIAL 12794 FOREST HILL BLVD SUITE 31 Address WELLINGTON FL 33414 City-State-Zip: VP GRIFFIN, SEAN C/O FIRSTSERVICE RESIDENTIAL 12794 WEST FOREST HILL BLVD. State-Zip:

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: CHAD HOCKMAN

City-State-Zip: WELLINGTON FL 33414

PRESIDENT

03/07/2022

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

Date