

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06359

**FILED**  
**Feb 13, 2020**  
**Secretary of State**  
**6479698680CC**

**Entity Name:** WOODLANDS VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4512 WOODLANDS VILLAGE DR  
ORLANDO, FL 32835

**Current Mailing Address:**

PO BOX 1711  
WINDERMERE, FL 34786-1711 US

**FEI Number: 59-2879092**

**Certificate of Status Desired: No**

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

DELONG, BRADLEY  
4512 WOODLANDS VILLAGE DR  
ORLANDO, FL 32835 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            PRESIDENT  
Name            RICHARD, KIMBERLY  
Address        7131 SHADY WOOD DR  
City-State-Zip: ORLANDO FL 32835

Title            TREASURER  
Name            DELONG, BRAD  
Address        4512 WOODLANDS VILLAGE DR  
City-State-Zip: ORLANDO FL 32835

Title            VP  
Name            PRICE, MATTHEW E  
Address        4631 WOODLANDS VILLAGE DR  
City-State-Zip: ORLANDO FL 32835

Title            SECRETARY  
Name            COTES, CAMERON  
Address        4513 WOODLANDS VILLAGE DR  
City-State-Zip: ORLANDO FL 32835

Title            DIRECTOR  
Name            AHARONI, EITAN  
Address        4560 WOODLANDS VILLAGE DR  
City-State-Zip: ORLANDO FL 32835

*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: BRAD DELONG**

**TREASURER**

**02/13/2020**

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

\_\_\_\_\_  
Date