


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90035 050 ****61.25

DOCUMENT # 747455
1. Entity Name
Woodland Villas Association, Inc.



DO NOT WRITE IN THIS SPACE

94037101

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
554 Woodland Cir.
Suite, Apt. #, etc.

3. Mailing Address
554 Woodland Circle
Suite, Apt. #, etc.

City & State
Atlantis FL

City & State
Atlantis, FL 33426

Zip
33462 Country
Palm Beach

Zip
33462 Country
Palm Beach

4. FEI Number
59-2070430 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Barnes, Robert

Street Address (P.O. Box Number is Not Acceptable)
554 Woodland Circle

City
Atlantis FL Zip Code
33462

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE BARNES, Robert. R E Barnes DATE 3/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Pres. Barnes, Robert 554 Woodland Circle Atlantis, FL 33462</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice Pres. Koehler, John 549 Woodland Circle Atlantis FL 33462</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Sec. Tras. Barnes, Terry 554 Woodland, Cir Atlantis, FL 33462</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: R E Barnes DATE 3/23/04 (581) 964-1586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)