

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90109 008 \*\*\*\*61.25

**DOCUMENT # 747455**

1. Entity Name  
WOODLAND VILLAS ASSOCIATION, INC.



Principal Place of Business

549 ~~554~~ WOODLAND CIR  
ATLANTIS, FL 33462

Mailing Address

549 ~~554~~ WOODLAND CIR  
ATLANTIS, FL 33462

40040441



03162005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2070430

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

~~BARNES, ROBERT~~  
~~554 WOODLAND CIR~~  
~~ATLANTIS, FL 33462~~

~~KOEHLER, JOHN~~  
~~549 Woodland Circle~~  
~~Atlanta, FL 33462~~

**DO NOT WRITE  
IN THIS SPACE**

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 JOHN KOEHLER PRESIDENT ACK 3/31/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS **CORRECTIONS**

TITLE ~~PD~~  
NAME ~~BARNES, ROBERT~~  
STREET ADDRESS ~~554 WOODLAND CIRCLE~~  
CITY-ST-ZIP ~~ATLANTIS, FL 00000~~  
President  
Koehler, John  
549 Woodland Circle  
Atlanta, FL 33462

TITLE ~~VD~~  
NAME ~~KOEHLER, JOHN~~  
STREET ADDRESS ~~549 WOODLAND CIR~~  
CITY-ST-ZIP ~~ATLANTIS, FL~~  
Vice President  
Barnes, Robert  
554 Woodland Circle  
Atlanta, FL 33462

TITLE ~~STO~~  
NAME ~~BARNES, TERRY~~  
STREET ADDRESS ~~554 WOODLAND CIR~~  
CITY-ST-ZIP ~~ATLANTIS, FL~~  
Treasurer  
Carol Guttman  
523 Pine Tree Court  
Atlanta, FL 33462

TITLE ~~VD~~  
NAME ~~SEBERT, CLAUDE~~  
STREET ADDRESS ~~519 PINE TREE CT~~  
CITY-ST-ZIP ~~ATLANTIS, FL 33462~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN KOEHLER ACK 3/31/05 (561) 966-0706  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**