

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90031 012 \*\*\*\*61.25

**DOCUMENT # 747455**

1. Entity Name  
**WOODLAND VILLAS ASSOCIATION, INC.**



Principal Place of Business  
**549 WOODLAND CIR  
ATLANTIS, FL 33462 US**

Mailing Address  
**PO BOX 6553  
LAKE WORTH, FL 33466-6553**



2. Principal Place of Business - No P.O. Box #

**540 Woodland Circle**

Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 6553**

Suite, Apt. #, etc.

07082008 Chg-NP CR2E037 (12/06)

City & State

**Atlantis, FL 33462**

City & State

**Lake Worth, FL 33466-6553**

4. FEI Number

**59-2070430**

Applied For

Not Applicable

Zip  
**334662**

Country  
**USA**

Zip  
**33466-6553**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KOEHLER, JOHN  
549 WOODLAND CIR  
ATLANTIS, FL 33462**

7. Name and Address of New Registered Agent

Name **Patricia G. Thorne**

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

**540 Woodland Circle**

City

**Atlantis**

**FL**

**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

*Patricia G. Thorne*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*July 9, 2008*

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

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 **PD** ☒ Delete  
NAME **KOEHLER, JOHN**  
STREET ADDRESS **549 WOODLAND CIR**  
CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE **VP** ☒ Delete  
NAME **THORNE, PATRICIA G**  
STREET ADDRESS **540 WOODLAND CIRCLE**  
CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE **TD** ☒ Delete  
NAME **GUTTMAN, CAROL**  
STREET ADDRESS **523 PINE TREE COURT**  
CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE **SAT** ☒ Delete  
NAME **SEIBERT, CLAUDINE**  
STREET ADDRESS **519 PINE TREE COURT**  
CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D** ☒ Change ☐ Addition  
NAME **Patricia G. Thorne**  
STREET ADDRESS **540 Woodland Circle**  
CITY-ST-ZIP **Atlantis, FL 33462**

TITLE **V/D** ☒ Change ☐ Addition  
NAME **Jodine Dalton**  
STREET ADDRESS **525 Pinetree Court**  
CITY-ST-ZIP **Atlantis, FL 33462**

TITLE **T/D** ☒ Change ☐ Addition  
NAME **Margaret (Peggy) Vrane**  
STREET ADDRESS **545 Woodland Circle**  
CITY-ST-ZIP **Atlantis, FL 33462**

TITLE **S/D** ☒ Change ☐ Addition  
NAME **Bernard Smith**  
STREET ADDRESS **554 Woodland Circle**  
CITY-ST-ZIP **Atlantis, FL 33462**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Patricia G. Thorne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #