


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90030 023 ****61.25

| | | |
|---|--|---|
| DOCUMENT # 752190 | |  |
| 1. Entity Name THE WOODLANDS OWNERS ASSOCIATION, INC. | | |

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|---|---|
| Principal Place of Business P O BOX 6055 STUART FL 34997-6548 | Mailing Address P O BOX 6055 STUART FL 34997-6548 |
|---|---|



| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E037 (10/07)

| | |
|--|--|
| 6. Name and Address of Current Registered Agent BROOKS, JAMES 5619 SE LAMAY DR STUART FL 34997 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|--|--|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|--|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|----------------------------|----------------------------|--|---|----------------------|--|
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | DIR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MOSS, ANNE M | | NAME | MOSS, MARTIN | |
| STREET ADDRESS | 5684 SE LAMAY DR | | STREET ADDRESS | 5684 SE LAMAY DR | |
| CITY-ST-ZIP | STUART FL 34997-6548 | | CITY-ST-ZIP | STUART FL 34997-6548 | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLANCHER, PATRICK | | NAME | | |
| STREET ADDRESS | 5673 SOUTHEAST LAMAY DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | STUART FL 34997 | | CITY-ST-ZIP | | |
| TITLE | SEC | <input type="checkbox"/> Delete | TITLE | SEC | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TILLMAN, EVE | | NAME | | |
| STREET ADDRESS | 5665 SE LAMAY DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | STUART FL 34997 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POGLITSCH, BARBARA R | | NAME | | |
| STREET ADDRESS | 5622 SE LAMAY DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | STUART FL 34997-6548 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COHEN, LAWRENCE | | NAME | | |
| STREET ADDRESS | 5595 SOUTHEAST LAMAY DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | STUART FL 34997 | | CITY-ST-ZIP | | |
| TITLE | DIR | <input type="checkbox"/> Delete | TITLE | DIR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLANCHER, CYNTHIA | | NAME | | |
| STREET ADDRESS | 5673 SE LAMAY DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | STUART FL 34997-6548 | | CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Barbara R Poglitich Treas* 4/18/08