

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT# N01386**

1. Entity Name  
**THE WOODLANDS HOME OWNERS ASSOCIATION OF  
SOUTH MELBOURNE BEACH, INC.**



Principal Place of Business  
P.O. BOX 510165  
MELBOURNE BEACH, FL 32951

Mailing Address  
P.O. BOX 510165  
MELBOURNE BEACH, FL 32951



01042007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2910218

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MCKAY, ROGER  
269 CAMINO PLACE  
MELBOURNE BCH., FL 32951

**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

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE V  
NAME GIVEN, DEAN  
STREET ADDRESS 234 LESLIE COURT  
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE T  
NAME PAULOWSKI, CHRISTINE  
STREET ADDRESS 263 CAMINO PL  
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE PS  
NAME MCKAY, ROGER  
STREET ADDRESS 269 CAMINO PL  
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000583778  
01/12/07-80010-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Christine Pawlowski* **Christine Pawlowski**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/07 321-733-7301

*TPAS*