

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 A
Secretary of State

DOCUMENT # N01386

1. Entry 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



02012008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2910218	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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, 2008**

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	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/08-80022-007 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Christine Paulowski TREAS.

2/1/08

321-233-7301