


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N06359
1. Entity Name
WOODLANDS VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**7109 WOODED VILLAGE LN
ORLANDO, FL 32835 US**

Mailing Address
**PO BOX 1711
WINDERMERE, FL 34786-1711 US**

DO NOT WRITE IN THIS SPACE



02072005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2879092

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**JONES, GORDON
7109 WOODED VILLAGE LN
ORLANDO, FL 32835.**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JONES, GORDON 7109 WOODEN VILLAGE LN. ORLANDO, FL 32035 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD STROUD, BARBARA 4646 WOODLANDS VILLAGE DR ORLANDO, FL 32835 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD RAJASEKHAR, RAJ 4531 VILLAGE WOOD DR. ORLANDO, FL 32835 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GARRETT, DENNIS 7100 WOODED VILLAGE LN. ORLANDO, FL 32835 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/06/05-80019-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Rajasekhar* Treasurer **4/4/05** **321-6952-6263**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #