


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N06359 1. Entity Name WOODLANDS VILLAGE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 7109 WOODED VILLAGE LN ORLANDO, FL 32835 US	Mailing Address PO BOX 1711 WINDERMERE, FL 34786-1711 US
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DO NOT WRITE IN THIS SPACE



01162006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2879092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, GORDON
 7109 WOODED VILLAGE LN
 ORLANDO, FL 32835

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

Filing Fee is \$61.25
Due by May 1, 2006

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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 01/24/06-80032-004 61.25

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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: K. U. RAJASEKHAR K. U. RAJASEKHAR 1/16/2006 407-291-1959
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #