

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06359

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** WOODLANDS VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7109 WOODED VILLAGE LN  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1711  
WINDERMERE, FL 347861711 US

**New Mailing Address:**

**FEI Number:** 59-2879092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, GORDON  
7109 WOODED VILLAGE LN  
ORLANDO, FL 32835 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JONES, GORDON  
Address: 7109 WOODED VILLAGE LN.  
City-St-Zip: ORLANDO, FL 32035

Title: SD ( ) Delete  
Name: STROUD, BARBARA  
Address: 4646 WOODLANDS VILLAGE DR  
City-St-Zip: ORLANDO, FL 32835

Title: TD ( ) Delete  
Name: RAJASEKHAR, RAJ  
Address: 4531 VILLAGE WOOD DR.  
City-St-Zip: ORLANDO, FL 32835

Title: VP ( ) Delete  
Name: FIELDS, RICHARD  
Address: 4563 VILLAGE WOOD DR  
City-St-Zip: ORLANDO, FL 32835

Title: VP ( ) Delete  
Name: PEACH, KENNETH  
Address: 7146 SHADY WOOD LANE  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAJ RAJASEKHAR

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04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date