2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 12, 2007 8:00 am Secretary of State 03-12-2007 90096 047 ****61.25

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1. Entity Name



THE WOODLANDS TOWNHOMES OWNERS ASSOCIATION, INC.											
Principal Place of Business Mailing Address 619 WOODSMAN DR P.O. BOX 3222 PENSACOLA, FL 32506 PENSACOLA, FL 32516				-					1 818U 818U 818U 818U 1	 	
2. Principal Place of Business - No P.O. Box # 3. Mailin			iling Address								
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			01242007	Chg-NP	CR2I	E037 (12/06)		
City & State		Ci	City & State			4. FEI Number 59-268	7639			oplied For ot Applicable	
Zip	Country	Zi _l		Cou	ntry	5. Certificate	of Status Desi	ed 🔲	\$8.75 Add Fee Require		
	6. Name and Address	s of Current Registere	ed Agent		Name	7. Name and	Address of N	ew Registen	d Agent		
DENTON.	DORIS				Name						
DENTON, DORIS 619 WOODSMAN DR PENSACOLA, FL 32507				Street Address (P.O. Box Number is Not Acceptable)							
					City			F	Zip Cod	le	
8. The above the obligat	named entity submits this tions of registered agent.	statement for the purp	ose of changing its r	registere	ed office or regi	gistered agent, or bot	h, in the State	of Florida. I a	am familiar with,	and accept	
SIGNATURE											
GIGNATORE	Signature, typed or printed name of	registered agent and title if ap	plicable. (NOTE:	Registered	d Agent signature req	equired when reinstating)		DAT	E		
·		5	9. Election Cam Trust Fund Co	paign Fi	inancing	\$5.00 May B Added to Fees	е	Make ch	eck payable to		
10.	Filing Fee is \$61.2 Due by May 1, 200 OFFIC	5	9. Election Cam Trust Fund Co	paign Fi	inancing	\$5.00 May B		Make ch Florida De _l	eck payable t partment of S	tate	
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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 fike empowered.

SIGNATURE: ...

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

860-456-7263