## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07741

FILED Jan 11, 2006 Secretary of State

Entity Name: WOODLAND HOMEOWNERS ORGANIZATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
5891 PATR GROVELAN	IOT PASS ND, FL 34736	US			
Current Mailing Address:			New Maili	New Mailing Address:	
5891 PATR GROVELAN	IOT PASS ND, FL 34736	US			
FEI Number:	59-2530484	FEI Number Applied For ( )	FEI Number Not Appl	licable ( ) Certificate of Status Desired ( )	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of New Registered Agent:	
AMIRAULT 5891 PATR GROVELAN		US			
The above in the State		bmits this statement for the pu	irpose of changing it	its registered office or registered agent, or both,	
SIGNATUR	E:				
	Electronic	Signature of Registered Ager	nt	Date	
OFFICERS	AND DIRECT	ORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () DOWD, BRIAN 6002 LIBERTY D GROVELAND, FL		Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition PAYNE, SYLVESTOR 1191 PIONEER CIRCLE GROVELAND, FL 34736	
Title: Name: Address: City-St-Zip:	S ()E AMIRAULT, LOIS 5891 PATRIOT P GROVELAND, FL	ASS	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () E LENCHOW, LEO 6014 LIBERTY D GROVELAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () E SYLVESTER, PA 1191 PIONEER C GROVELAND, FL	CIRCLE	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition HERBERT, RICHARD 1185 PIONEER CIRCLE GROVELAND, FL 34736	
Title: Name: Address: City-St-Zip:	TD () E LARSEN, JUNE 6027 UNITY PAS GROVELAND, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ()E WAYNE, FISHER 6030 UNITY PAS GROVELAND, FL	S	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: LOIS AMIRAULT SEC 01/11/2006