


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90055 001 ****61.25

DOCUMENT # N21007 1. Entity Name THE WOODLANDS SECTION 81M HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 353237 PALM COAST, FL 32135-3237			Mailing Address P.O. BOX 353237 PALM COAST, FL 32135-3237		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DOBSON & BROWN 66 CUNA ST #A SAINT AUGUSTINE, FL 32084			Name Street Address (P.O. Box Number is Not Acceptable) <i>93 Orange St.</i> City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHEEHAN, ELAINE		NAME	PULASKI, CAROL	
STREET ADDRESS	6 BLACKHAWK PL		STREET ADDRESS	7 BLACKFOOT Ct.	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DEMARCO, MICHAEL		NAME	LEA, JEANNE	
STREET ADDRESS	52 BAY SPRINGS PLACE		STREET ADDRESS	59 BLACK ALDER DR.	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SMITH, CALVIN		NAME	OSTERMANN, EILEEN	
STREET ADDRESS	1 BAY SPRING PL		STREET ADDRESS	22 BLACKBERRY PL.	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WALSH, MILDRED		NAME	ROSENTHAL, MINORA	
STREET ADDRESS	15 BLACKWOOD CT		STREET ADDRESS	28 BLACKHAWK PL.	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	UREA, RAFAEL		NAME		
STREET ADDRESS	9 BLACKHAWK PL		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <small>Date</small> _____ <small>Daytime Phone #</small> _____ </div>					

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02022006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2864666

Applied For
☐ Not Applicable

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