

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

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90190 047 \*\*\*\*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**

400000001



04162007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2864666**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DOBSON & BROWN  
93 ORANGE ST  
SAINT AUGUSTINE, FL 32084**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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  
**P  
PULASKI, CAROL  
7 BLACKFOOT CT  
PALM COAST, FL 32137**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
LEA, JEANNE  
59 BLACK ALDER DR  
PALM COAST, FL 32137**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ST  
OSTERMANN, EILEEN  
22 BLACKBERRY PL  
PALM COAST, FL 32137**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
ROSENTHAL, MINDRA  
28 BLACKHAWK PL  
PALM COAST, FL 32137**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #