
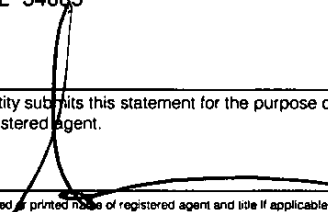
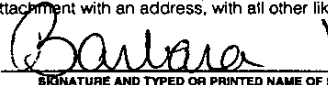


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90327 024 ****61.25

DOCUMENT # N22695					
1. Entity Name THE WOODLANDS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US			Mailing Address 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US		
2. Principal Place of Business 7001 Temple Terrace Hwy		3. Mailing Address 7001 Temple Terrace Hwy		02082006 Chg-NP CR2E037 (11/05)	
City & State Tampa FL		City & State Tampa FL		4. FEI Number 59-2847590	
Zip 33637		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REARDON, MAUREEN C 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685			7. Name and Address of New Registered Agent Name: DUARTE, ANTONIO III Street Address (P.O. Box Number is Not Acceptable): 6221 Land O Lakes Blvd City: Land O Lakes FL Zip Code: 34639		
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: 			Antonio Duarte III		3/28/06
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	PD	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WASHINGTON, MICHAEL		NAME	Voute, Barbara	
STREET ADDRESS	11920 SNAPDRAGON RD		STREET ADDRESS	12003 West Pond Way	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	Tampa FL 33635	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZUPCO, DONNA		NAME	Wood, Sharon	
STREET ADDRESS	1195 SNAPDRAGON ROAD		STREET ADDRESS	12001 West Pond Way	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	Tampa FL 33635	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSING, MARK		NAME	Visecont, Tom	
STREET ADDRESS	11808 SWEETPEA CT		STREET ADDRESS	11922 Snapdragon Rd	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	Tampa FL 33635	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONZO, JOHN		NAME		
STREET ADDRESS	11915 SNAPDRAGON RD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33635		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		
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: 			Barbara Voute		3/21/06 727-567-2720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #