

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22695

FILED
Apr 09, 2009
Secretary of State

Entity Name: THE WOODLANDS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7001 TEMPLE TERRACE HWY
TAMPA, FL 33637 US

New Principal Place of Business:

Current Mailing Address:

7001 TEMPLE TERRACE HWY
TAMPA, FL 33637 US

New Mailing Address:

FEI Number: 59-2847590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUARTE, III, ANTONIO
6221 LAND O LAKES BLVD
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CRUMP, PEGGY
Address: 11905 SNAPDRAGON RD
City-St-Zip: TAMPA, FL 33635

Title: DT () Delete
Name: WOOD, SHARON
Address: 12001 WEST POND WAY
City-St-Zip: TAMPA, FL 33635

Title: DS () Delete
Name: WASHINGTON, MICHAEL
Address: 11920 SNAPDRAGON RD
City-St-Zip: TAMPA, FL 33635

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WASHINGTON, MICHAEL
Address: 11920 SNAPDRAGON RD
City-St-Zip: TAMPA, FL 33635

Title: DS () Change (X) Addition
Name: ALONSO, MONICA
Address: 11915 SNAPDRAGON RD
City-St-Zip: TAMPA, FL 33635

I hereby certify that the information supplied with this filing does not qualify 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: DAPHINE WILSON

LCAM

04/09/2009

Electronic Signature of Signing Officer or Director

Date