2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# N23016

Entity Name: THE WOODLANDS OF LAKE WASHINGTON HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3532 SAMUEL PLACE
MELBOURNE, FL 32934 US

New Principal Place of Business:

Current Mailing Address:

WOODLANDS OF LAKE WASHINGTON HOA
3532 SAMUEL PL
MELBOURNE, FL 32934 US

New Mailing Address:

FEI Number: 59-2884987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHIFF, JEFFREY M
3532 SAMUEL PLACE
MELBOURNE, FL 32934 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: SD ( ) Delete
Name: EISENHAUER, KAREN
Address: 3510 CHARLTON PL
City-St-Zip: MELBOURNE, FL 32934

Title: PD ( ) Delete
Name: SCHIFF, JEFFREY M
Address: 3532 SAMUEL PLACE
City-St-Zip: MELBOURNE, FL 32934

Title: TD ( ) Delete
Name: HIGBIE, SUSAN
Address: 3512 SAMUEL PLACE
City-St-Zip: MELBOURNE, FL 32934

Title: VD ( ) Delete
Name: KENT, SCOTT
Address: 3570 HAMMOCK TRAIL
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JEFFREY M. SCHIFF PD 01/03/2007

Electronic Signature of Signing Officer or Director — Date