

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90028 002 \*\*\*\*61.25

00007649



1st MOORE CR2E037 (10/04)

<b>DOCUMENT # N93000003045</b> 1. Entity Name <b>WOODLANDS BY THE LAKE HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>9025 GREENBACK COURT ORLANDO FL 32810</b>			Mailing Address <b>9025 GREENBACK COURT ORLANDO FL 32810</b>		
2. Principal Place of Business <b>9025 GREENBROOK COURT</b>		3. Mailing Address <b>9025 GREENBROOK COURT</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3200033</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KOZAK, MIKE 9025 GREENBACK COURT ORLANDO FL 32810</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is OK if acceptable) <b>9025 GREENBROOK COURT</b> City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	<b>PDTD</b> <span style="float: right;"><input checked="" type="checkbox"/> Delete</span> <b>KOZAK, MIKE</b> <b>9025 GREEN BROOK CT</b> <b>ORLANDO FL 32810</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<b>V</b> <span style="float: right;"><input type="checkbox"/> Delete</span> <b>SCHULTZ, ERIC</b> <b>9017 GREENBROOK COURT</b> <b>ORLANDO FL 32810</b>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<b>SHULTZ, ERIC</b>	
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<b>T</b> <span style="float: right;"><input type="checkbox"/> Delete</span> <b>KOZAK, MIKE</b> <b>9025 GREENBROOK COURT</b> <b>ORLANDO FL 32810</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<b>S</b> <span style="float: right;"><input type="checkbox"/> Delete</span> <b>LORENZEN, DEBORAH</b> <b>9049 GREENBROOK COURT</b> <b>ORLANDO FL 32810</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<b>P</b> <span style="float: right;"><input type="checkbox"/> Delete</span> <b>BOBIK, SHARON</b> <b>9064 GREENBROOK COURT</b> <b>ORLANDO FL 32810</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>		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 exemption stated in Section 119.07(3)(i), 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. <b>PLEASE NOTE CORRECTIONS</b>					
SIGNATURE: <b>MIKE KOZAK</b>			<b>01/23/05 407-436-5025</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Date

Daytime Phone #