| I hereby 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 all other like empowered. | | | | |
|--|-----------|------------|--|--|
| SIGNATURE [,] STEPHNE A RATKA | PRESIDENT | 03/04/2023 | | |

PRESIDENT

SIGNATURE: STEPHNE A RATKA

City-State-Zip: GROVELAND FL 34736

Electronic Signature of Signing Officer/Director Detail

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07741

Entity Name: WOODLAND HOMEOWNERS ORGANIZATION, INC.

Current Principal Place of Business:

6100 HERITAGE DRIVE GROVELAND. FL 34736

Current Mailing Address:

6100 HERITAGE DRIVE GROVELAND, FL 34736 US

FEI Number: 59-2530484

Name and Address of Current Registered Agent:

KLEMM, RUSSELL E C/O CLAYTON & MCCULLOH 1065 MAITLAND CENTER COMMONS BLVD MAITLAND, FL 32751 US

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 | : RUSSELL E KLEMM | | | 03/04/2023 | | |
|---------------------------|--|-----------------|--------------------------|------------|--|--|
| | Electronic Signature of Registered Agent | | | Date | | |
| Officer/Director Detail : | | | | | | |
| Title | SECRETARY | Title | PRESIDENT | | | |
| Name | WICKERLANDER, DEBBIE | Name | RATKA, STEPHEN A | | | |
| Address | 5840 PATRIOT PASS | Address | 7432 FLOWERING TREE CIR. | | | |
| City-State-Zip: | GROVELAND FL 34736 | City-State-Zip: | GROVELAND FL 34736 | | | |
| Title | DIRECTOR | Title | TREASURER | | | |
| Name | FISHER, TOM | Name | BUKOWSKI, RICHARD | | | |
| Address | 6082 LIBERTY DR | Address | 6122 LIBERTY DR. | | | |
| City-State-Zip: | GROVELAND FL 34736 | City-State-Zip: | GROVELAND FL 34736 | | | |
| Title | DIRECTOR | Title | VP | | | |
| Name | ROSARIO, GEORGE | Name | SANTOCKI, CATHY | | | |
| Address | 5832 HERITAGE DRIVE. | Address | 6002 LIBERTY DR | | | |
| City-State-Zip: | GROVELAND FL 34736 | City-State-Zip: | GROVELAND FL 34736 | | | |
| Title | DIRECTOR | | | | | |
| Name | MARCHAND, LISA | | | | | |
| Address | 6045 LIBERTY DR. | | | | | |

Certificate of Status Desired: Yes

FILED Mar 04, 2023 Secretary of State 8499361333CC

Date