

2003
Matt Blunt Secretary of State
ANNUAL REGISTRATION REPORT
(Nonprofit Corporation)

File Number: 200320323252
Date Filed: 07/10/2003 01:24 PM
Matt Blunt
Secretary of State

THIS REPORT IS DUE BY: 8/31/2003

1 Corporation Purpose:
(Brief Statement)
Provide Services
for lot owners
members

N00035139
WOODLAND LAKES TRUSTEESHIP, INC.
KARINN JOZWIAK
12 WOODLAND LAKES
SULLIVAN, MO 63080

2 If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

☐ The new registered agent
IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

☐ The new registered office address
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

3 THE CORPORATION IS:
☒ Mutual Benefit
☐ Public Benefit

4 ARE THERE MEMBERS:
☒ Yes ☐ No

5 ORGANIZED UNDER THE LAWS OF:
Missouri

6 PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:
12 Woodland Lakes
STREET
Sullivan MO 63080
CITY/STATE ZIP

NAME AND BUSINESS OR RESIDENCE ADDRESS OF OFFICERS: (MUST HAVE 1 OR MORE OFFICERS)		NAME AND BUSINESS OR RESIDENCE ADDRESS OF BOARD OF DIRECTORS: (MUST HAVE 3 OR MORE DIRECTORS)	
CHAIRMAN	<u>Robert Lee Hovis</u>	A	NAME <u>Robert Lee Hovis</u>
STREET/RT	<u>18 Woodland Lakes</u>		STREET/RT <u>18 Woodland Lakes</u>
CITY/STATE/ZIP	<u>Sullivan MO 63080</u>		CITY/STATE/ZIP <u>Sullivan MO 63080</u>
PRES	<u>Robert Lee Hovis</u>		NAME
STREET/RT	<u>18 Woodland Lakes</u>		STREET/RT
CITY/STATE/ZIP	<u>Sullivan MO 63080</u>		CITY/STATE/ZIP
SECY	<u>Carol Eggleston</u>		NAME <u>Carol Eggleston</u>
STREET/RT	<u>65 Woodland Lakes</u>		STREET/RT <u>65 Woodland Lakes</u>
CITY/STATE/ZIP	<u>Sullivan MO 63080</u>		CITY/STATE/ZIP <u>Sullivan MO 63080</u>
TREAS	<u>Allen Kell</u>		NAME <u>Allen Kell</u>
STREET/RT	<u>58 Woodland Lakes</u>		STREET/RT <u>58 Woodland Lakes</u>
CITY/STATE/ZIP	<u>Sullivan MO 63080</u>		CITY/STATE/ZIP <u>Sullivan MO 63080</u>

ATTACH NAMES AND ADDRESSES ALL OTHER OFFICERS AND DIRECTORS

8 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo 1986

OFFICER SIGN HERE >>> [Signature]

Original signature of officer listed above required. Photocopy or stamped signature not acceptable.

9 ATTACHED IS THE REGISTRATION FEE OF:
\$15.00 If filed on or before August 31st.
\$20.00 If filed after August 31st.
Corporation will be administratively dissolved if report is not filed by November 30th.

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INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
N00035139

CORPORATE E-MAIL ADDRESS

REQUIRED INFORMATION MUST BE COMPLETE OR THE RI
MAKE CHECK PAYABLE TO SECR

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO THE SECR

SOS FORM (FSCORP66) 2002

State of Missouri
Annual Report - NonProfit 1 Page(s)



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