

Robin Carnahan Secretary of State  
2011 ANNUAL REGISTRATION REPORT  
NONPROFIT

File Number:  
N00035139  
Date Filed: 07/11/2011  
Robin Carnahan  
Secretary of State

\* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 08/31/2011

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

ORGANIZED UNDER THE LAWS OF:  
Missouri

PRINCIPAL PLACE OF BUSINESS OR  
CORPORATE HEADQUARTERS:

12 Woodland Lakes

STREET

Sullivan, Mo 63080

CITY/STATE

ZIP

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 Deborah A. Clutter

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.

OFFICERS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT  
ACCEPTABLE). MUST LIST AT LEAST ONE OFFICER BELOW.

PRES LAWRENCE DEIS  
STREET/RT 43 Woodland Lakes  
CITY/STATE/ZIP Sullivan, Mo 63080  
V-PRES Russ Richards  
STREET/RT 10080 Asta Rd.  
CITY/STATE/ZIP Cadet, Mo 63630  
SECY Cheryl Davis  
STREET/RT 2740 Samuel Dr.  
CITY/STATE/ZIP O'Fallon, Mo 63368  
TREAS FRANCIS DARIAN JR.  
STREET/RT 8 Woodland Lakes  
CITY/STATE/ZIP Sullivan, Mo 63080

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT  
ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW.

NAME Craig Kinnmann  
STREET/RT 116 Woodland Lakes  
CITY/STATE/ZIP Sullivan, Mo 63080  
NAME ART Hurlburt  
STREET/RT 115 Woodland Lakes  
CITY/STATE/ZIP Sullivan, Mo 63080  
NAME Linda Mantia  
STREET/RT 5216 Finkman  
CITY/STATE/ZIP St. Louis, Mo 63109  
NAME  
STREET/RT  
CITY/STATE/ZIP

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. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here

Frank Darian

(Required)

Please print name and title of signer:

NAME

FRANK DARIAN JR.

TITLE

TREASURER

REGISTRATION REPORT FEE IS:

☒ State of Missouri  
☐ Annual Report - NonProfit 2 Page(s)

Corporation  
filed by:



T1119311657

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE,  
IT BECOMES A PUBLIC DOCUMENT AND ALL  
INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

3 (OPTIONAL) woodland@fidnet.com

REGISTRATION REPORT WILL BE REJECTED  
IF REVENUE

RETURN

158

T1117851660

Secretary of State, P.O. Box 1366, Jefferson City, MO 65102

**Woodland Lakes Trusteeship, Inc.**

12 Woodland Lakes  
Sullivan, Mo 63080  
(573) 468-6505 Office  
(573) 468-2576 Fax

July 7, 2011

Secretary of State  
Business Services Division  
600 West Main, Room 322  
P.O. Box 778  
Jefferson City, MO 65102

Re: Registered Agent Consent

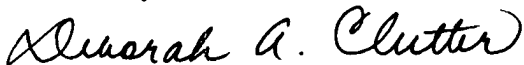
To Whom It May Concern:

This letter is to confirm that I have agreed to be the registered agent for the Woodland Lakes Trusteeship, Inc.

I can be reached at the above address and phone number.

If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Deborah A. Clutter".

Deborah A. Clutter  
Woodland Lakes Trusteeship, Inc.