

Robin Carnahan Secretary of State
2006 ANNUAL REGISTRATION REPORT
NONPROFIT

File Number: 200621490379
N00035139
Date Filed: 08/02/2006
Robin Carnahan
Secretary of State

REPORT DUE BY: 08/31/2006

ORGANIZED UNDER THE LAWS OF:
Missouri

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

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

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 Carol Eggleston

STREET/RT 65 Woodland Lakes

CITY/STATE/ZIP Sullivan, MO 63080

V-PRES

STREET/RT

CITY/STATE/ZIP

SEC'Y Lawrence Deis

STREET/RT 43 Woodland Lakes

CITY/STATE/ZIP Sullivan, MO 63080

TREAS Robert Murphy

STREET/RT 3484 Erman

CITY/STATE/ZIP Bridgeton, MO 63044

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 Francis Darian

STREET/RT 8 Woodland Lakes

CITY/STATE/ZIP Sullivan, MO 63080

NAME Robert Layton

STREET/RT 26 Woodland Lakes

CITY/STATE/ZIP Sullivan, MO 63080

NAME Patti Tracy

STREET/RT 59 Woodland Lakes

CITY/STATE/ZIP Sullivan, MO 63080

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

Carol Eggleston

(Required)

Please print name and title of signer:

Carol Eggleston

/

President

NAME

TITLE

REGISTRATION REPORT FEE IS:

____ \$10.00 If filed on or before 8/31

____ \$15.00 If filed after 8/31

Corporation will be administratively dissolved if report is not
filed by November 30th.

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

E-MAIL ADDRESS (OPTIONAL) _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO THE SECRETARY OF STATE - P.O. BOX 1366, JEFFERSON CITY, MO 65102