

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727079 (6)
 1. Corporation Name
WOODLAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 200 N FIRST ST COCOA BEACH FL 32932-8066	Mailing Address 200 N FIRST ST COCOA BEACH FL 32932-8066
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3. Date Incorporated or Qualified 07/31/1973	
4. FEI Number 59-1605067	Applied For Not Applicable

2. Principal Place of Business 21 70 CEDAR AVE Suite, Apt. #, etc. 22 / City & State 23 COCOA BEACH FL Zip 24 32931	2a. Mailing Address 26 70 CEDAR AVE Suite, Apt. #, etc. 27 / City & State 28 COCOA BEACH FL Zip 29 32931	Country 25 BREVARD	Country 30 BREVARD
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MONFORTE, THOMAS
350 WOODLAND AVENUE
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name WILLIAM T. SULLIVAN		
82 Street Address (P.O. Box Number is Not Acceptable) 70 CEDAR AVE #1		
83		
84 City COCOA BEACH	85 State FL	86 Zip Code 32931

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *William T. Sullivan* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MONFORTE, THOMAS 350 WOODLAND AVE #8 COCOA BEACH, FL 0	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKENBERG, ROSE 141 ESTHER DR. COCOA BEACH FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, DIANE 350 WOODLAND AVENUE #4 COCOA BEACH FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP WILLIAM T. SULLIVAN 70 CEDAR AVE #1 COCOA BEACH FL 32931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 70 CEDAR AVE #1 COCOA BEACH FL 32931	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D MICHAEL KENNEDY 1492 S. ORLANDO AVE COCOA BEACH FL 32931	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RONALD CANDELORI 350 WOODLAND AVE #15 COCOA BEACH FL 32931	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William T. Sullivan* 4-15-98 467-783-9832

CP2E037 (10/97)