

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727079

1. Entity Name

WOODLAND CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90075 043 ****61.25

| | |
|--|---|
| Principal Place of Business 70 CEDAR AVE SUITE 1 COCOA BEACH FL 32931 US | Mailing Address 70 CEDAR AVE SUITE 1 COCOA BEACH FL 32931-2851 US |
|--|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address P.O. Box 320953 Suite, Apt. #, etc. |
|---|---|

| | | |
|---------------------------------------|------------------------------------|---|
| City & State COCOA BEACH FL | 4. FEI Number 59-1605067 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 32932-0953 | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SULLIVAN, WILLIAM T.
70 CEDAR AVE
SUITE 1
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

| 10. OFFICERS AND DIRECTORS | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SULLIVAN, WILLIAM T. 70 CEDAR AVE, SUITE 1 COCOA BEACH FL 32931 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRANKENBERG, ROSE 141 ESTHER DR. COCOA BEACH FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SULLIVAN, DIANE 70 CEDAR AVE, SUITE 1 COCOA BEACH FL 32931 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANDBERG, ROBERTA 350 WOODLAND AVE #10 COCOA BEACH FL 32931 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CANDELORI, RONALD 350 WOODLAND AVE, SUITE 15 COCOA BEACH FL 32931 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JAYME B. NOE 350 WOODLAND AVE #5 COCOA BEACH FL 32931 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **1-31-00** **321-783-9832**
Signature Daytime Phone #

CR2E037 (9/99)