

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90064 024 \*\*\*\*61.25

0029765

**DOCUMENT # 727079**

1. Entity Name

**WOODLAND CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

70 CEDAR AVE  
 SUITE 1  
 COCOA BEACH FL 32931  
 US

PO BOX 320953  
 COCOA BEACH FL 32932-0953  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1605067**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	SULLIVAN, WILLIAM T.	70 CEDAR AVE, SUITE 1	COCOA BEACH FL 32931	<input type="checkbox"/>
D	NOE, JAYME B	350 WOODLAND AVE #5	COCOA BEACH FL 32931	<input type="checkbox"/>
<del>D</del>	<del>SULLIVAN, DIANE</del>	<del>70 CEDAR AVE, SUITE 1</del>	<del>COCOA BEACH FL 32931</del>	<input checked="" type="checkbox"/>
D	SANDBERG, ROBERTA	350 WOODLAND AVE #10	COCOA BEACH FL 32931	<input type="checkbox"/>
D	CANDELORI, RONALD	350 WOODLAND AVE, SUITE 15	COCOA BEACH FL 32931	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	LUKACH, VINCENT	350 WOODLAND AVE #1	COCOA BEACH FL 32931	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 all other like empowered.

SIGNATURE: *Vincent Lukach* **VINCENT LUKACH**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAR. 9, 2001**

**321-784-148T**

Date

Daytime Phone #

CR2E037 (10/00)