

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746669

1. Entity Name

WOODLAND VILLAGE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90042 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 10067  
P.O. BOX 10067  
BRADENTON FL 34282  
US

P.O. BOX 10067  
BRADENTON FL 34282-0067  
US

2. Principal Place of Business

3. Mailing Address

**DELLCOR MANAGEMENT, INC.**  
Suite, Apt. #, etc.  
**310 PEARL AVENUE**  
**SARASOTA FL 34243**

**DELLCOR MANAGEMENT, INC.**  
Suite, Apt. #, etc.  
**310 PEARL AVENUE**  
**SARASOTA FL 34243**



DO NOT WRITE IN THIS SPACE

City

City & State

4. FEI Number

59-1960302

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

**HARMONY MANAGEMENT**  
**4400 EL CONQUISTADOR PKWY., #22**  
**BRADENTON FL 34210**

Name

Street Address **DELLCOR MANAGEMENT, INC.**

**310 PEARL AVENUE**

City

**SARASOTA FL 34243**

**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 **D** ☐ Delete  
NAME **KELLY, GREEN**  
STREET ADDRESS **5110 27TH ST W**  
CITY-ST-ZIP **BRADENTON, FL 00000**

TITLE **D** ☐ Change ☒ Addition  
NAME **Thomas, Gerald**  
STREET ADDRESS **5108-27 ST.W.**  
CITY-ST-ZIP **Bradenton, FL 34207**

TITLE **VPD** ☐ Delete  
NAME **SLINGO, JAMES**  
STREET ADDRESS **5103 26 ST CT W**  
CITY-ST-ZIP **BRADENTON, FL 00000**

TITLE **D** ☐ Change ☒ Addition  
NAME **wheeler, Lorine**  
STREET ADDRESS **5106-28 ST.W**  
CITY-ST-ZIP **Bradenton, FL 34207**

TITLE **PD** ☐ Delete  
NAME **DRUTOWSKI, JOE**  
STREET ADDRESS **5109 28TH ST WEST**  
CITY-ST-ZIP **BRADENTON FL 34207**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☒ Delete  
NAME **NOPPEN, MARY ALICE**  
STREET ADDRESS **5113 29TH STREET WEST**  
CITY-ST-ZIP **BRADENTON FL 34207**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**2-18-00 (941) 751-5966**

CR2E037 (9/99)