2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 23, 2002 8:00 am Secretary of State DOCUMENT # **746669** WOODLAND VILLAGE CONDOMINIUM ASSOCIATION, INC. 05-23-2002 90081 030 ****61.25 Mailing Address Principal Place of Business DELLCOR MGMT INC DELLCOR MGMT INC 310 PEARL AVE 310 PEARL AVE. SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1960302 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DELLCOR MANAGEMENT, INC 310 PEARL AVENUE SARASOTA FL 34243 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 **Department of State** Trust Fund Contribution. Added to Fees 3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. (9/01) **2** Addition Change Delete TITLE TITLE KELLY, GREEN NAME NAME STREET ADDRESS 5110 27TH ST W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 00000 ☐ Addition PD ☐ Delete TITLE ☐ Change TITLE DRUTOWSKI, JOE NAME NAME STREET ADDRESS STREET ADDRESS 5109 28TH ST WEST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34207** TITLE Change : ☐ Addition Delete NAME WHEELER, LORINE NAME STREET ADDRESS STREET ADDRESS 5106-28 ST W CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34207** ☐ Change ☐ Addition ☐ Delete TITLE TITLE WHITSIT, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 6108-27 ST W CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34207** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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. 441-358

SIGNATURE: