

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90622 004 ****61.25

DOCUMENT # N09693

1. Entity Name
WOODSMERE ESTATES, INC.



Principal Place of Business

**980 BRIDLE LN
ROCKLEDGE FL 32955
US**

Mailing Address

**1694 CEDAR ST
ROCKLEDGE FL 32955
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2864284**

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

**DRESSLER, JAMES R
110 DIXIE LANE
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Chairman Dir** ☐ Delete
NAME **DROPSKI, CYNDI**
STREET ADDRESS **680 W EAUGALLIE BLVD**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **Chairman / Dir** ☒ Change ☐ Addition
NAME **Joe Colombo**
STREET ADDRESS **2351 W. Eau Gallie Blvd Suite**
CITY-ST-ZIP **Melbourne, FL 32935**

TITLE **PD** ☒ Delete
NAME **SHINN, MR. GREGG**
STREET ADDRESS **1934 S FISKE BLVD**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **Vice Chair / Dir** ☐ Change ☒ Addition
NAME **Joe Colombo**
STREET ADDRESS **2351 W. Eau Gallie Blvd Suite**
CITY-ST-ZIP **Melbourne, FL 32935**

TITLE **D** ☐ Delete
NAME **NUTTING, MR CHARLES**
STREET ADDRESS **719 E HIBISCUS BLVD**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **Treasurer / Dir** ☐ Change ☒ Addition
NAME **Adrian Marquez**
STREET ADDRESS **100 So. Sylva Creek Pkwy**
CITY-ST-ZIP **Merritt Island, FL 32952**

TITLE **DC** ☒ Delete
NAME **RYAN, GERALD**
STREET ADDRESS **1670 FISKE BLVD**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **Secretary / Dir** ☐ Change ☐ Addition
NAME **Don Rudolph**
STREET ADDRESS **800 Inverness Ave**
CITY-ST-ZIP **Melbourne FL 32940**

TITLE **PD** ☐ Delete
NAME **SCHWEINSBERG, JOHN R. JR.**
STREET ADDRESS **850 BELHURST LN**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **I** ☒ Delete
NAME **SWIFT, BARRY**
STREET ADDRESS **201 BARTON BLVD**
CITY-ST-ZIP **ROCKLEDGE FL**

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.

CR2E037 (10/02)

SIGNATURE: **RE REQUIRED**

4/16/03 321.640-3464