

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N17314

1. Corporation Name
 WOODBRIAR CONDOMINIUM ASSOCIATION, INC.

99 JUL 29 AM 8:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: % DAVID L. NEWTON, 2135 VIRGINIA AVENUE, #3, FT. MYERS FL 33901
 Mailing Address: % DAVID L. NEWTON, 2135 VIRGINIA AVENUE, #3, FT. MYERS FL 33901



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2135 VIRGINIA AVE	26 2135 VIRGINIA AVE	10/14/1986
22 Suite, Apt. #, etc. 13	27 Suite, Apt. #, etc. 13	4. FEI Number NOT APPLICABLE
23 City & State FT MYERS FL	28 City & State FT MYERS FL	Applied For Not Applicable
24 Zip 33901	29 Zip 33901	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 Country USA	30 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent NEWTON, DAVID L 2135 VIRGINIA AVENUE SUITE 3 FT. MYERS FL 33901	10. Name and Address of New Registered Agent
	81 Name NEWTON, DAVID L.
	82 Street Address (P.O. Box Number is Not Acceptable) 2135 VIRGINIA AVE.
	83 SUITE 13
	84 City FT. MYERS FL 85 Zip Code 33901

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
 SIGNATURE: DAVID L. NEWTON DATE: 7-17-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, DAVID L	1.2 NAME	
STREET ADDRESS	2135 VIRGINIA AVENUE, #3	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33901	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPRE, ROBERT J	2.2 NAME	
STREET ADDRESS	2135 VIRGINIA AVENUE, #8	2.3 STREET ADDRESS	900002955389--9
CITY-ST-ZIP	FT. MYERS FL 33901	2.4 CITY-ST-ZIP	-08/10/99--01029--004
TITLE	SD	3.1 TITLE	*****61.25 *****61.25
NAME	CHRISTENSON, TERRY	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2135 VIRGINIA AVENUE, #17	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33901	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	LS
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. NEWTON PRES. DATE: 7-17-99 941-597-118-0
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/99)