

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90016 035 \*\*\*\*61.25

**DOCUMENT # N17314**

1. Entity Name

**WOODBRIAR CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2135 VIRGINIA AVENUE  
 #13  
 FT. MYERS FL 33901

2135 VIRGINIA AVENUE  
 #13  
 FT. MYERS FL 33901-3537



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*2135 VIRGINIA AVE*  
 Suite, Apt. #, etc.  
*# 9*

*2135 VIRGINIA AVE*  
 Suite, Apt. #, etc.  
*# 9*

City & State

City & State

*FT. MYERS FL*  
 Zip  
*33901* Country  
*LEE*

*FT. MYERS, FL*  
 Zip  
*33901* Country  
*LEE*

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

**NEWTON, DAVID L**  
**2135 VIRGINIA AVENUE**  
**SUITE 3**  
**FT. MYERS FL 33910**

Name  
*NEWTON, DAVID L*  
 Street Address (P.O. Box Number is Not Acceptable)  
*2135 VIRGINIA AVE.*  
*# 9*  
 City  
*FT. MYERS* FL Zip Code  
*33901*

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

*David L Newton*

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	PD	<input type="checkbox"/> Delete
NAME	NEWTON, DAVID L	
STREET ADDRESS	2135 VIRGINIA AVENUE, #3	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	DUPRE, ROBERT J	
STREET ADDRESS	2135 VIRGINIA AVENUE, #8	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHRISTENSON, TERRY	
STREET ADDRESS	2135 VIRGINIA AVENUE, #17	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*David L Newton*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-00 941-392-8167  
 Date Daytime Phone #

CR2E037 (9/99)