

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90025 030 ****61.25

DOCUMENT # N17314

1. Entity Name

WOODBRIAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2135 VIRGINIA AVE
 #9
 FORT MYERS FL 33901

Mailing Address

2135 VIRGINIA AVE
 #9
 FORT MYERS FL 33901

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NEWTON, DAVID L
2135 VIRGINIA AVE
#9
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

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.

SIGNATURE

David L Newton **DAVID L. NEWTON**

3-10-01

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

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 checked="" type="checkbox"/> Delete
NAME	DUPRE, ROBERT J	
STREET ADDRESS	2135 VIRGINIA AVENUE, #8	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	SD	<input checked="" 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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN KATHLEEN JOHNSON	
STREET ADDRESS	2135 VIRGINIA AVE #3	
CITY-ST-ZIP	FT. MYERS, FL 33901	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITA LOUDEN	
STREET ADDRESS	2135 VIRGINIA AVE #4	
CITY-ST-ZIP	FT. MYERS, FL 33901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 **DAVID L. NEWTON** PRES.

3-10-01 941-332-8167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)