

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17314

FILED
Mar 31, 2005
Secretary of State

Entity Name: WOODBRIAR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2135 VIRGINIA AVE
#5
FORT MYERS, FL 33901

New Principal Place of Business:

2135 VIRGINIA AVE
#10
FORT MYERS, FL 33901

Current Mailing Address:

2135 VIRGINIA , AVE
#5
FORT MYERS, FL 33901

New Mailing Address:

216 JACKSON AVE
LEHIGH ACRES, FL 33972

FEI Number: 04-2690071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWE, SIDNEY D
2135 VIRGINIA .AVE
#5
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

MAMMANO, SHIRLEY W VP
216 JACKSON AVE
LEHIGHT AVE, FL 33972 US

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: SHIRLEY W MAMMANO

03/31/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: LOWE, SIDNEY D
Address: 2135 VIRGINIA AVE #5
City-St-Zip: FT MYERS, FL 33901

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: MAMMANO, NICK F
Address: 216 JACKSON AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VP () Change (X) Addition
Name: MAMMANO, SHIRLEY W
Address: 216 JACKSON AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: S/T () Change (X) Addition
Name: SALCEDO, MANUEL
Address: 2135 VIRGINIA AVE. #1
City-St-Zip: FT,MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY W MAMMANO

VP

03/31/2005

Electronic Signature of Signing Officer or Director

Date