

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Sep 14, 2007 8:00 am
Secretary of State

09-14-2007 90002 030 ****61.25

DOCUMENT # N17314

1. Entity Name

WOODBRIAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

2135 VIRGINIA AVE #10 FORT MYERS FL 33901 **216 JACKSON AVE LEHIGH ACRES FL 33972**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

15 **2135 VIRGINIA AVE**

2nd MOORE CR2E037 (4/07)

City & State City & State

Zip Country

Fort Myers, FL **33901 USA**

4. FEI Number Applied For

04-2690071 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAMMANO, SHIRLEY W VP
216 JACKSON AVE
LEHIGH AVE FL 33972

7. Name and Address of New Registered Agent

Name **CAROLYN L. HOFFMAN**

Street Address (P.O. Box Number is Not Acceptable) **17161 PALM BEACH BLVD**

City **ALVA** FL Zip Code **33920**

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 *Carolyn Hoffman* *Carolyn Hoffman* DATE **8-16-07**

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
Due By September 5, 2007

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MAMMANO, NICK F	
STREET ADDRESS	216 JACKSON AVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MAMMANO, SHIRLEY W	
STREET ADDRESS	216 JACKSON AVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	SALCEDO, MANUEL	
STREET ADDRESS	2135 VIRGINIA AVE. #1	
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	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLYN L. HOFFMAN	
STREET ADDRESS	17161 PALM BEACH BLVD	
CITY-ST-ZIP	ALVA, FL 33920	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIM GORRHILL	
STREET ADDRESS	5581 BURNHAM CT	
CITY-ST-ZIP	NFTM 33903	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN HOWLAND	
STREET ADDRESS	2135 VIRGINIA AVE	
CITY-ST-ZIP	#15, FORT 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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Carolyn Hoffman* DATE: **8-17** DAYTIME PHONE #: **239-691-1690**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #