


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90026 006 \*\*\*\*70.00

**DOCUMENT # N17314**  
 1. Entity Name  
**WOODBRIAR CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
 2135 VIRGINIA AVE      2135 VIRGINIA AVE  
 #10      #15  
 FORT MYERS FL 33901      FORT MYERS FL 33901



2. Principal Place of Business - No P.O. Box #  
**2135 VIRGINIA AVE #15**  
 Suite, Apt. #, etc.  
 City & State  
**15 FORT MYERS FL**

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

1st MOORE      CR2E037 (10/07)

City & State  
**15 FORT MYERS FL**  
 Zip  
**33901**  
 Country  
**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  
**HOFFMAN, CAROLYN L**  
**17161 PALM BEACH BLVD**  
**ALVA FL 33920**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	HOFFMAN, CAROLYN L	
STREET ADDRESS	17161 PALM BEACH BLVD	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CORKHILL, TIM	
STREET ADDRESS	5581 BURNHAM CT	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	HOWLAND, DAN	
STREET ADDRESS	2135 VIRGINIA AVE #15	
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		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*CORRECTION*       Change       Addition  
**HOWLAND, DANIEL**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **DANIEL HOWLAND S/T**      2/3/08      941-704-1578