

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001093

FILED
Mar 05, 2009
Secretary of State

Entity Name: WOOLBRIGHT PLACE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

TWO NORTH RIVERSIDE PLAZA
SUITE 400
CHICAGO, IL 60606 US

New Principal Place of Business:

Current Mailing Address:

2132 E. OAKLAND PK. BLVD.
SUITE 1
FORT LAUDERDALE, FL 33306

New Mailing Address:

FEI Number: 65-0563303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VORDERMEIR-WATERHOUS, SUZANNE
2132 E. OAKLAND PK. BLVD.
SUITE 1
FORT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ACTSHULER, BARRY
Address: 6451 N. FEDERAL HWY
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: VP () Delete
Name: JOHNSON, MELISSA
Address: 6451 N. FEDERAL HWY
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: S () Delete
Name: GAUTIER, CASSANDRA
Address: 1575 SW 8TH STREET
City-St-Zip: BOYNTON BEACH, FL 33426

Title: T () Delete
Name: HARTMAN, MATT
Address: 2455 PACES FERRY RD., PROP. MGMT C-9
City-St-Zip: ATLANTA, GA 30339

Title: D () Delete
Name: GALDROS, ABNER
Address: 2328 S. CONGRESS AVE., SUITE 1C
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHELLE LAPELLE

AP

03/05/2009

Electronic Signature of Signing Officer or Director

Date