

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001093

**Entity Name:** WOOLBRIGHT PLACE MASTER ASSOCIATION, INC.**Current Principal Place of Business:**TWO NORTH RIVERSIDE PLAZA  
SUITE 400  
CHICAGO, IL 60606**Current Mailing Address:**2132 E. OAKLAND PK. BLVD.  
SUITE 1  
FORT LAUDERDALE, FL 33306**FEI Number:** 65-0563303**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WATERHOUSE, SUZANNE V  
2132 E. OAKLAND PK. BLVD.  
SUITE 1  
FORT LAUDERDALE, FL 33306 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	ETTMAN, LAURA
Address	100 NEW LAKE DRIVE
City-State-Zip:	BOYNTON BEACH FL 33426

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

Title	D
Name	LAMORE, MARY BETH
Address	THE HOME DEPOT 2455 PACES FERRY ROAD C-19
City-State-Zip:	ATLANTA GA 30339

Title	D
Name	GALDNOS, ABNER
Address	2328 S. CONGRESS AVE., SUITE 1C
City-State-Zip:	WEST PALM BEACH FL 33406

Title	D
Name	PROPERTY MANAGER
Address	SOUTHERN SHORES MANAGEMENT 4524 GUN CLUB ROAD #105
City-State-Zip:	WEST PALM BEACH FL 33415

*I hereby 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 all other like empowered.*

**SIGNATURE:** LAURA ETTMAN**DIRECTOR****04/25/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date