

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 745489 (5)  
1. Corporation Name  
WOODBROOKE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
929 S.W. 20TH COURT 929 S.W. 20TH COURT  
DEL RAY BEACH FL 33445 DEL RAY BEACH FL 33445

3. Date Incorporated or Qualified 01/09/1979 3a. Date of Last Report 03/23/1995  
4. FEI Number NOT APPLICABLE Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

VARNER, GREGORY A.  
929 S.W. 20TH COURT  
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
VARNER, GREGORY A.  
929 SW 20TH COURT  
DELRAY BCH. FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
VARNER, WENDY L.  
929 SW 20TH COURT  
DELRAY BCH. FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
BINETTI, ROCCO  
917 S.W. 20TH CT.  
DELRAY BEACH FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
BRADFORD, LARRY  
923 SW 20TH COURT  
DEERFIELD BCH. FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
BRADFORD, DEBORAH  
923 SW 20TH COURT  
DELRAY BEACH FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Deborah Bradford  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0010637

CR2E037 (3/96)