

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90356 019 ****61.25

DOCUMENT # N01000008084

1. Entity Name
**WOODS 'N IRONS PHASE II OWNERS' ASSOCIATION,
INC.**



Principal Place of Business
**739 GLENWOOD AVENUE
SEBRING, FL 33870**

Mailing Address
**739 GLENWOOD AVENUE
SEBRING, FL 33870**

6407000



03242004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1189848

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCCLURE, JOHN K
230 SOUTH COMMERCE AVENUE
SEBRING, FL 33870**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **BRASWELL, JOHN A**
STREET ADDRESS **739 GLENWOOD AVENUE**
CITY-ST-ZIP **SEBRING, FL 33870**

TITLE **D**
NAME **RIVERO, RAFAEL**
STREET ADDRESS **1701 SUNRISE DRIVE**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **D**
NAME **EVANS, WALLACE E**
STREET ADDRESS **3758 CREEKSIDE DRIVE**
CITY-ST-ZIP **SEBRING, FL 33875**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

John A. Braswell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/04

Date

863-386-5400

Daytime Phone #