

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90158 010 ****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

14002991



DO NOT WRITE IN THIS SPACE

04072005 No Chg-NP

CR2E037 (10/03)

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, 2005

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

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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 Braswell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/05
Date

Daytime Phone # _____