

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -2 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03792

(1)

1. Corporation Name

WOODRUFF BUILDING ASSOCIATION, INC.

Principal Place of Business

6311 RHODEN LANE  
FT. MYERS FL 33912

Mailing Address

6311 RHODEN LANE  
FT. MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1984

3a. Date of Last Report

03/07/1994

4. FEI Number

65-0188788

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☐

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 760 Cardium Street

Suite, Apt. #, etc.

22 City & State

23 Sanibel, FL

24 Zip

25 33957

Country

25 USA

2a. Mailing Address

26 760 Cardium Street

Suite, Apt. #, etc.

27 City & State

28 Sanibel, FL

29 Zip

29 33957

Country

30 USA

9. Name and Address of Current Registered Agent

PRATER, STACY  
1325 S.E. 47TH STREET  
CAPE CORAL FL 33904

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SILVER, FRANCES  
STREET ADDRESS 6311 RHODEN LANE  
CITY - ST - ZIP FT. MYERS FL 33912

TITLE SD  
NAME PRATER, STACY  
STREET ADDRESS 1325 S.E. 47TH ST., U#F  
CITY - ST - ZIP CAPE CORAL FL 33904

TITLE TD  
NAME SILVER, STUART  
STREET ADDRESS 6311 RHODEN LANE  
CITY - ST - ZIP FT. MYERS FL 33912

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/95 813/549-5224

(Date)

(Typed Name)