FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N03792

(1)

WOODRUFF BUILDING ASSOCIATION, INC.

			h finite	8					4										
Principal Place of Business Mailing Address																			
760 CARDIUM ST				760 CARDUM ST															
SANIBEL FL 33957 US			US	SANIBEL FL 33957-6704 US												1			
60			-						3.	Date Inc	orporat 20/18		lualified	∮ 3a. ∣		of Last I I/15/1		rt	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number 65-0188788						Applied For				
21				26					 	03	V 100	100				\$8.75		oplicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5.	Certifica	te of St	atus De	sired		•	Fee F			
City & State				ity & State					-	Election	Camps	ian Fin	encino			\$5.00			
23				28					"	Trust Fur	,	- , .	-			Added			
Zip	Zip Country						Country			This corp	ooration	n has lis	bility fo	r intangib	ole tax	under	s. 19	9.032,	
24 25				29		30										□ No			
	9. Name and A	ddress of Curren	Register	ed Agent		227			10.	Name a	nd Add	iress o	f New F	tegistere	d Age	ent			
				•		81	Na	me											
PRATER, STACY 1325 S.E. 47TH STREET				82 Street A					ddress (P.O. Box Number is Not Acceptable)										
CAPE CORAL FL 33904														****					
						84	Cit	ly				`		F	L	85 Zip	Coc	le	
11. Pursuant t	o the provisions of	Sections 617.050	2 and 617.	.1508, Florida Statu	ites, the	above	s-nar	ned corpo	pratio	n submits	this st	atemen	t for the			anging	its re	gistered	
office or re	egistered agent, or m familiar with, and	r both, in the State	of Florida	.1508, Florida Statu Such change was section 617.0503, F	authoria Iorida S	zed by tatutes	/the	corporatio	on's t	board of c	tirector	s. I here	by acc	ept the a	ppoin	itment a	s reg	istered	
į.	Trianilla Trian, and	o dodopi ino obligo			,0,,,,,,														
SIGNATURE _	Signature, typed or printe	d name of registered age			<u>.</u>		nt sig	nature required						DATE					
12.		OFFICERS AND	DIRECTO		13					ADDITIO	VS/CH/	ANGES	TO OF	FICERS A	_		HS II	N 12 Addition	
TITLE	PD	IOPO		☐ DELETE		TITLE										Change	-	_ AGGIRON	
NAME	SILVER, FRAI					NAME													
STREET ADDRESS	6311 RHODE					STREET													
CITY - ST - ZIP TITLE	FT. MYERS F SD	L 33912		DELETE		CITY-S	T-ZIP									Change		Addition	
NAME	PRATER, STA	icv		<i>0</i> 22272		2 NAME											-	•••	
STREET ADDRESS	1325 S.E. 47					STREET	ADDA	ree .											
1 ' '	CAPE CORAL					4 CITY-S													
CITY-ST-ZIP TITLE	TD	LIE COLOT		DELETE		TITLE	01-27									Change	Ţ	Addition	
NAME	SILVER, STU	ART			3.5	2 NAME													
STREET ADDRESS	6311 RHODE				3.3	S STREET	ADDR	RESS											
CITY-ST-ZIP	FT. MYERS F				3.4	4. CITY-S	ST-ZIF	,											
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NAME					4.	2 NAME													
STREET ADDRESS					4,3	3 STREET	ADDE	RESS											
CHY-ST-ZIP						4 CITY-S	T - ZIP									1 01	· r	Address	
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NAME						2 NAME													
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TITLE				T) hereig		1 TITLE									۱	™ ∩usuiñc			
NAME						2 NAME 2 CTOCCT	r Anns	oree											
STREET ADDRESS						3 STREET													
City-St-ZiP	ov certify that the in	oformation supplies	d with this	filing does not qua	alify for t	4 CITY - S he exe	amnt	ion stated	in Se	ection 119	0.07(3)	i), Flori	da Stati	utes. I furt	her c	ertify tha	at the		
informatio	n indicated on this	s annual report or s the corporation or	upplement the receiv	ntal annual report is ver or trustee empo achment with an ac	s true an owered t														

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAM OFFICER OR DIRECTOR

4/20/91

FILED

May 08 1997 8:00am

Secretary of State

10 MATERIA DA ANTA BATARA 1841 A 1841 A 1842 A 1844 A 1844

Daytime Phone # 0058004