

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004653

FILED  
May 08, 2006  
Secretary of State

**Entity Name:** WOODBINE BUSINESS PARK CONDOMINIUM OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3554 HALEY WAY  
PACE, FL 32571

**New Principal Place of Business:**

4856 WOODBINE RD  
PACE, FL 32571

**Current Mailing Address:**

3554 HALEY WAY  
PACE, FL 32571

**New Mailing Address:**

4856 WOODBINE RD  
PACE, FL 32571

**FEI Number:** 20-2863517      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BRADFORD, MICHAEL D  
3554 HALEY WAY  
PACE, FL 32571      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BRADFORD, MICHAEL  
Address: 3554 HALEY WAY  
City-St-Zip: PACE, FL 32571

Title: D      ( ) Delete  
Name: BRADFORD, THERESA R  
Address: 3554 HALEY WAY  
City-St-Zip: PACE, FL 32571

Title: D      ( ) Delete  
Name: BRADFORD, MICHAEL T  
Address: 3554 HALEY WAY  
City-St-Zip: PACE, FL 32571

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Change (X) Addition  
Name: BROOKS, ROBIN L  
Address: 4856 WOODBINE RD  
City-St-Zip: PACE, FL 32571

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN L. BROOKS

D

05/08/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date