FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # N08545 (8)

1. Corporation Name

WOODETTE VIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2616 WOODETTE DR #2 DUNEDIN FL 34698	2616 WOODETTE DR #2 DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/04/1985	03/08/1994

4. FEI Number: 59-2910783 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 | Country 25

3a. Mailing Address

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

HOLNAM

May Be to Fees

Supplemental Required

199.032,

9. Name and Address of Current

SELVAGGIO, SANORA
21616 WOODETT DR #4
DUNEDIN FL 34698

Code

11. Pursuant to the provisions of Sections 607.0502 or registered agent, or both, in the State of Flori familiar with, and accept the obligations of, Secti

egistered office f agent, I am

SIGNATURE Sandra S
Signature, fitle(s) & printed name of registered agent

12. OFFICERS AN

ORS IN 12

Change ☐ Addition

TITLE	PD	1.1 TITLE	
NAME	SELVAGGIO, PETER	1.2 NAME	
STREET ADDRESS	2616 WOODETTE DR.#2	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	SELVAGGIO, MARJORIE	2.2 NAME	
STREET ADDRESS	2616 WOODETTE DR.#2	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SELVAGGIO, SANDRA	3.2 NAME	
STREET ADDRESS	2616 WOODETTE DR 4	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(3)(i), 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: Sandra S Selvaggio 2/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

000002