

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # N08545

1. Entity Name

WOODETTE VIEW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2616 WOODETTE DR #2
DUNEDIN, FL 34698

Mailing Address

2616 WOODETTE DR #2
DUNEDIN, FL 34698



01042006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2910783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SELVAGGIO, SANDRA
2616 WOODETTE #2
DUNEDIN, FL 34698

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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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SELVAGGIO, SANDRA
STREET ADDRESS 2616 WOODETTE DR #2
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE STD
NAME BOWMAN, SHERI
STREET ADDRESS 2616 WOODETTE DR
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE D
NAME CARONE, ADORIA
STREET ADDRESS 460 S PAULA DR # 301
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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00000000000000000000000000000000
01/11/06-80013-015 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/06 727-736-0199