

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90269 020 \*\*\*\*61.25

**DOCUMENT # N08838**

1. Entity Name  
**WOODLAND GREEN CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**9031 TOWN CENTER PARKWAY  
BRADENTON, FL 34202**

Mailing Address  
**9031 TOWN CENTER PARKWAY  
BRADENTON, FL 34202**

**50005657**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-2782189**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ADVANCED MGMT OF SW FL, INC.  
9031 TOWN CENTER PARKWAY  
BRADENTON, FL 34202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
HOGAN, VINCENT  
6221 TIMBERLAKE DR. C6  
SARASOTA, FL 34243 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES-D  
CHARLEEN GORDET  
6281 TIMBERLAKE DR. H-1  
SARASOTA FL 34243** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SMITH, GEORGE  
6211 TIMBERLAKE DR. B8  
SARASOTA, FL 34243 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V-P-SECT Y  
MATT OSTOYICH  
6221 TIMBERLAKE DR. C-8  
SARASOTA FL 34243** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DUPONT, ANTHONY  
6721 TIMBERLAKE DR G3  
SARASOTA, FL 34243 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TREAS  
TOM SEARS  
6211 TIMBERLAKE DR. B-6  
SARASOTA FL 34243** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
NADEAU, FLIX  
6281 TIMBERLAKE H2  
SARASOTA, FL 34243 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIR  
TERRY LARROCCA  
6281 TIMBERLAKE DR H-3  
SARASOTA FL 34243** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

**Mar. 10, 2006 (941) 359 1134**

Date

Daytime Phone #