
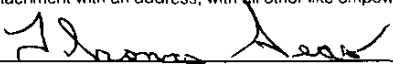


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90032 025 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORBET, CHARLEEN		NAME		
STREET ADDRESS	6281 TIMBERLAKE DR H-1		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OSTOYICH, MATT		NAME	DS Matt Ostoyich	
STREET ADDRESS	6221 TIMBERLAKE DR C-8		STREET ADDRESS	6221 Timberlake Dr C-8	
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP	Sarasota FL 34243	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEARS, TOM		NAME		
STREET ADDRESS	6211 TIMBERLAKE DR B-6		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAROCCA, TERRY		NAME	DVP TERRY LAROCCA	
STREET ADDRESS	6281 TIMBERLAKE DR H-3		STREET ADDRESS	6281 Timberlake Dr. H-3	
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP	Sarasota FL 34243	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D Peter Beechley	
STREET ADDRESS			STREET ADDRESS	6291 Timberlake Dr. I-3	
CITY-ST-ZIP			CITY-ST-ZIP	Sarasota FL 34243	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			2/21/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

00010006



01222007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2782189

Applied For
Not Applicable

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GORBET, CHARLEEN	
STREET ADDRESS	6281 TIMBERLAKE DR H-1	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	OSTOYICH, MATT	
STREET ADDRESS	6221 TIMBERLAKE DR C-8	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	T	<input type="checkbox"/> Delete
NAME	SEARS, TOM	
STREET ADDRESS	6211 TIMBERLAKE DR B-6	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAROCCA, TERRY	
STREET ADDRESS	6281 TIMBERLAKE DR H-3	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matt Ostoyich	
STREET ADDRESS	6221 Timberlake Dr C-8	
CITY-ST-ZIP	Sarasota FL 34243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY LAROCCA	
STREET ADDRESS	6281 Timberlake Dr. H-3	
CITY-ST-ZIP	Sarasota FL 34243	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Beechley	
STREET ADDRESS	6291 Timberlake Dr. I-3	
CITY-ST-ZIP	Sarasota FL 34243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #