


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FIL**  
**Jan 26, 2006**  
**Secreta**

<b>DOCUMENT # N13403</b>		
1. Entity Name <b>WOODLAWN MANOR HOMEOWNERS ASSOCIATION, INC.</b>		
Principal Place of Business <b>WOODLAWN MANOR MOBILE HOME ASSCN, INC 555 4TH STREET, LOT 81 VERO BEACH, FL 32962 US</b>	Mailing Address <b>555 4TH ST LOT 81 VERO BEACH, FL 32962 US</b>	



01232006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent  <b>BROWN, GRACE 555 4TH ST LOT 81 VERO BEACH, FL 32962</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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9. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D BALLARO, WILLIAM O 555 4TH ST., LOT 80 VERO BEACH, FL 32962</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FOWLER, NANCY 555 4TH ST LOT 45 VERO BEACH, FL 32962</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COSSER, KAY 555-4TH STREET, LOT 52 VERO BEACH, FL 32962</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S NEEDHAM, VIOLET 555 4TH STREET, LOT 79 VERO BEACH, FL 32962</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BROWN, GRACE 555 4TH ST. LOT 81 VERO BEACH, FL 32962</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000402098  
02/02/06-80072-016 61.25

**DO NOT WRITE 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: Grace J. Brown - Pres. Jan. 23. 06 - 522-3785  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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SIGNATURE: <u>[Signature]</u>	<u>1/7/06</u>	<u>203-227-0917</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		