

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N22447

1. Entity Name
**WOODLAND TERRACE CONDOMINIUM ASSOCIATION
OF BREVARD, INC.**



Principal Place of Business
**255 WOODLAND AVENUE #2
COCOA BEACH, FL 32931-9896 US**

Mailing Address
**255 WOODLAND AVENUE #2
COCOA BEACH, FL 32931-9896 US**



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2845075

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MOSLEY, CURTIS R.
1221 E. NEW HAVEN AVENUE
COCOA BEACH, FL 32931**

**DO NOT WRITE
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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

UN00000219929
02/08/05-80045-025 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GURR, BARBARA W. 255 WOODLAND AVE #2 COCOA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTAGNA, SCOTT 255 WOODLAND AVE. #1 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORRISON, BLANCHE 255 WOODLAND AVE. #3 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHARD, SUSAN 255 WOODLAND AVE. #4 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Barbara W. Gurr* **BARBARA W. GURR** 1-13-05 321/783-6372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #