

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 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 #4  
COCOA BEACH, FL 32931-9896 US**

Mailing Address  
**255 WOODLAND AVENUE #4  
COCOA BEACH, FL 32931-9896 US**



04282008 No Chg-NP CR2E037 (4/06)

**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**

**RICHARD, SUSAN M  
255 WOODLAND AVE #4  
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 reconstituting)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U000000937767  
05/27/08-80064-003 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
GURR, BARBARA W.  
255 WOODLAND AVE #2  
COCOA BEACH, FL 32931**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
MONTAGNA, SCOTT  
255 WOODLAND AVE. #1  
COCOA BEACH, FL 32931**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MORRISON, BLANCHE  
255 WOODLAND AVE. #3  
COCOA BEACH, FL 32931**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
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 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

**4/25/08**

Date

**321-781-7252**

Daytime Phone #