

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002154

FILED  
Jan 09, 2006  
Secretary of State

**Entity Name:** WOODTHRUSH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3329 WOODTHRUSH DRIVE  
UNIT 121  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

3329 WOODTHRUSH DRIVE  
UNIT 121  
PUNTA GORDA, FL 33950

**New Mailing Address:**

**FEI Number:** 65-0494169

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHUSTER, WILMER  
3329 WOODTHRUSH DRIVE  
UNIT 121  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: SHUSTER, WILMER  
Address: 3329 WOODTHRUSH DRIVE, 121  
City-St-Zip: PUNTA GORDA, FL 33950

Title: VSD ( ) Delete  
Name: WHIPPLE, ROBERT  
Address: 3329 WOODTHRUSH DRIVE, 111  
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete  
Name: PACHEINER, FRANZ  
Address: ALPENGASTHOE POELLING ZO  
City-St-Zip: A-9520 GERLITZEN, AUSTRIA,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILMER SHUSTER

PTD

01/09/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date