

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01629

Entity Name: WOODLAND GROVE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 12, 2017
Secretary of State
CC8827680465

Current Principal Place of Business:

WOODLAND GROVE CONDOMINIUM ASSOCIATION
2477 STICKNEY PT. RD. SUITE 118A
SARASOTA, FL 34231

Current Mailing Address:

WOODLAND GROVE CONDOMINIUM ASSOCIATION
2477 STICKNEY PT. RD. SUITE 118A
SARASOTA, FL 34231 US

FEI Number: 59-2305326

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLLINS, PHIL
WOODLAND GROVE CONDOMINIUM ASSOCIATION
2477 STICKNEY PT. RD. SUITE 118A
SARASOTA, FL 34231 US

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: PHIL COLLINS

04/12/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name SUTER, ERNIE
Address WOODLAND GROVE CONDOMINIUM ASSOCIATION
2477 STICKNEY PT. RD. SUITE 118A
City-State-Zip: SARASOTA FL 34231

Title P
Name SPRANKLE, FRED
Address WOODLAND GROVE CONDOMINIUM ASSOCIATION
2477 STICKNEY PT. RD. SUITE 118A
City-State-Zip: SARASOTA FL 34231

Title D
Name COLLINS, PHIL SECRETARY
Address WOODLAND GROVE CONDOMINIUM ASSOCIATION
2477 STICKNEY PT. RD. SUITE 118A
City-State-Zip: SARASOTA FL 34231

Title TD
Name TREMPE, BOB TREASURER
Address WOODLAND GROVE CONDOMINIUM ASSOCIATION
2477 STICKNEY PT. RD. SUITE 118A
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR
Name DOMANICO, CHARLES DIRECTOR
Address WOODLAND GROVE CONDOMINIUM ASSOCIATION
2477 STICKNEY PT. RD. SUITE 118A
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR
Name SCULLY, TOM DIRECTOR
Address WOODLAND GROVE CONDOMINIUM ASSOCIATION
2477 STICKNEY PT. RD. SUITE 118A
City-State-Zip: SARASOTA FL 34231

Title S
Name TOSHNER, RON
Address WOODLAND GROVE CONDOMINIUM ASSOCIATION
2477 STICKNEY PT. RD. SUITE 118A
City-State-Zip: SARASOTA FL 34231

I hereby 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 all other like empowered.

SIGNATURE: BOB TREMPE

TREASURER

04/12/2017

