

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01629

**FILED  
Mar 20, 2014  
Secretary of State  
CC4064016206**

**Entity Name:** WOODLAND GROVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

WOODLAND GROVE CONDOMINIUM ASSOCIATION  
16 CHURCH STREET  
OSPREY, FL 34229

**Current Mailing Address:**

WOODLAND GROVE CONDOMINIUM ASSOCIATION  
16 CHURCH STREET  
OSPREY, FL 34229 US

**FEI Number:** 59-2305326

**Certificate of Status Desired:** No

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

COLLINS, PHIL  
WOODLAND GROVE CONDOMINIUM ASSOCIATION  
16 CHURCH STREET  
OSPREY, FL 34229 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SUTER, ERNIE  
Address WOODLAND GROVE CONDOMINIUM ASSOCIATION  
16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title VPD  
Name LYNCH, JIM  
Address WOODLAND GROVE CONDOMINIUM ASSOCIATION  
16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title SD  
Name GENZ, MARGE  
Address WOODLAND GROVE CONDOMINIUM ASSOCIATION  
16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title TD  
Name MARTINOLICH, JOHN  
Address WOODLAND GROVE CONDOMINIUM ASSOCIATION  
16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title D  
Name COLLINS, PHIL  
Address WOODLAND GROVE CONDOMINIUM ASSOCIATION  
16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title D  
Name THRESS, JOHN  
Address WOODLAND GROVE CONDOMINIUM ASSOCIATION  
16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

*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:** PHIL COLLINS

**TREASURER**

**03/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date