

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01629

**FILED
Mar 20, 2015
Secretary of State
CC4020996808**

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 SPRANKLE, FRED SECRETARY
Address WOODLAND GROVE CONDOMINIUM ASSOCIATION
16 CHURCH STREET
City-State-Zip: OSPREY FL 34229

Title TD
Name TREMPE, BOB TREASURER
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

Title DIRECTOR
Name SCULLY, TOM DIRECTOR
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

DIRECTOR

03/20/2015

