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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS**

1996

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WOODBRIDGE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Maling Address 275 SR 980 STE 207 CLEARWATER FL 34621 2. Principal Place of Business 2. All self incorporated or Cusified Sa. Date of Last Report 102/16/1982 2. Principal Place of Business 2. All self incorporated or Cusified Sa. Date of Last Report 102/16/1982 2. Principal Place of Business 2. All self incorporated or Cusified Sa. Date of Last Report 102/16/1982 2. Principal Place of Business 2. All self incorporated or Cusified Sa. Date of Last Report 102/16/1982 3. Date incorporated or Cusified Date of Last Report 102/16/1982 3. Date incorporated or Cusified Date of Last Report 102/16/1982 3. Date incorporated or Cusified Date of Last Report 102/16/1982 3. Date incorporated or Cusified Date of Last Report 102/16/1982 3. Date incorporated or Cusified Date of Endowed Page 102/1982 3. Date incorporated or Cusified Date of Endowed Page 102/1982 3. Date incorporated or Cusified Date of Endowed Page 102/1982 3. Date incorporated or Cusified Date of Endowed Page 102/1982 3. Date incorporated or Cusified Date of Endowed Page 102/1982 3. Date incorporated or Cusified Date of Endowed Page 102/1982 3. Date incorporated or Cusified Date of Endowed Page 102/1982 3. Date incorporated or Cusified Date of Endowed Page 102/1982 3. Date incorporated or Cusified Date of Endowed Page 102/1982 3. Date incorporated or Cusified Date of Endowed Page 102/1982 3. Date incorporated or Cusified Date of Endowed Page 102/1982 3. Date incorporated or Cusified Date of Endowed Page 102/1982 3. Date incorporated or Cusified Date of Endowed Page 102/1982 3. Date incorporated or Cusified Date of Endowed Page 102/1982 3. Date incorporated or Cusified Date of Endowed Page 102/1982 3. Date incorporated or Cusified Date of Endowed Page 102/1982 3. Date incorporated or Cusified Date of Endowed Page 102/1982 3. Date incorporated or Cusified Date of Endowed Page 102/1982 3. Date incorporated or Cusified	DOCU	MENT # 76562	2 (6)						
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Suite, Apt. 4, etc.									
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29 30 Florida Statutes vies No				Country					
REARDON, MAUREEN % PROGRESSIVE MANAGEMENT, INC. 2753 STATE ROAD 580, SUITE #207 CLEARWATER FL 34621 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am fertilizer with, and accept the obligations of, Section 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am fertilizer with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Synatice, byactice printed name of registered agent and the respectation. NOTE Registered Agent signature required when renstating. DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE DD DELETE 11TITE Change Addition MAME SIREET ADDRESS CITY- ST-2P SEMINOLE FL D DELETE 21TITLE Change Addition STREET ADDRESS CITY- ST-2P SEMINOLE FL D DELETE 31 TITLE S/D Addition Addition ANAME GARNER, WALT STREET ADDRESS STR	24					Florida Statutes			
REARDON, MAUREEN % PROGRESSIVE MANAGEMENT, INC. 2753 STATE ROAD 580, SUITE #207 CLEARWATER FL 34621 82 Street Address (P.O. Box Number is Not Acceptable) 83 Cty FL 85 Ztp Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familier with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familier with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 112. DELETE 1.3 TITLE PD MEYER, JIM 1 SIRECT ADDRESS SEMINOLE FL 1.4 CITY-ST-ZIP ITILE TD Change Addition Addition Change Addition MAME SIRECT ADDRESS SEMINOLE FL 2 A CITY-ST-ZIP SEMINOLE FL 3 STREET ADDRESS STREET ADDRESS SEMINOLE FL 3 STREET ADDRESS STREET ADDRESS SEMINOLE FL 3 STREET ADDRESS STREET ADDRESS STREET ADDRESS SEMINOLE FL 3 STREET ADDRESS STREET ADDRESS								ed Agent	
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CLEARWATER FL 34621 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, a material right with, and accept the obligations of, Section 617.0502, Florida Statutes. SIGNATURE Signature, typaci or printed name of registered agent and Me if appricable. NOTE Registered Agent signature required when renstating DATE					Street	et Address (P.O. Box Number is Not Acceptable)			
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or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typicd or protection agent and title if applicable.	CLEARWAIER FL 34621			84	City		ic ic	85 Zip Code	
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD MEYER, JIM STREET ADDRESS CTY-SI-ZIP TITLE TD EDDINGER, RON SIREET ADDRESS CTY-SI-ZIP SEMINOLE FL TITLE DDINGER, RON STREET ADDRESS CTY-SI-ZIP TITLE DDINGER, RON DELETE 3.1 TITLE S/D Change Addition Addition STREET ADDRESS CTY-SI-ZIP TITLE DDINGER, RON DELETE 3.1 TITLE S/D TTTLE S/D TTTLE S/D TTTLE TT	or register	red agent, or both, in the State of Flori	ida. Such change was authorized i	by the corp	oration's	board of directors. I hereby acce	ept the appointment	t as registered agent. I am	
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NAME HERBERT, JOHN 5.2 NAME HIRSCHFIELD, JAN	NAME								
STREET ADDRESS 11562 WOODBRIGE BLVD.	STREET ADDRESS			5.3 STREET ADDRESS					
CHY-ST-ZIP SEMINOLE FL 34642		SEMINOLE FL				SEMINOLE FL 346	42		
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CITY-SI-ZIP 6.4 CITY-SI-ZIP 6.4 CITY-SI-ZIP 6.4 CITY-SI-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further		I	with this filing is voluntarily furnished			lify for the exemption stated in S	Section 119.07(3)(k)	Florida Statutes. I further	

certify that the information indicated on this annual report or supplemental annual 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 true empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: