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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # 765622 (6)

1. Corporation Name

WOODBRIDGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2753 S.R. 580 STE 207 CLEARWATER FL 34621	2753 S.R. 580 STE 207 CLEARWATER FL 34621-3345

3. Date Incorporated or Qualified: 11/02/1982
3a. Date of Last Report: 02/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2229646 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

REARDON, MAUREEN
% PROGRESSIVE MANAGEMENT, INC.
2753 STATE ROAD 580, SUITE #207
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

S. SIGNATURE _____ DATE
Signature required of printed name of registered agent and the date above. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	MEYER, JIM		1.2 NAME	KUSTON, LEE	
STREET ADDRESS	11694 PARKVIEW LN		1.3 STREET ADDRESS	11681 PARKVIEW LANE	
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EDDINGER, RON		2.2 NAME		
STREET ADDRESS	11720 PARKVIEW LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	S/D	☐ Change ☒ Addition
NAME	GARNER, WALT		3.2 NAME	OLDANIE, CHARLES	
STREET ADDRESS	11714 PARKVIEW LANE		3.3 STREET ADDRESS	11692 PARKVIEW LANE	
CITY-ST-ZIP	SEMINOLE FL		3.4 CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	VD	☐ DELETE	4.1 TITLE	P/D	☒ Change ☐ Addition
NAME	GROSE, CHARLES		4.2 NAME		
STREET ADDRESS	11685 PARKVIEW LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	V/D	☒ Change ☐ Addition
NAME	HIRSCHFIELD, JAN		5.2 NAME		
STREET ADDRESS	11564 WOODBRIDGE BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee 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: _____ 2/6/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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