FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**		FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90004 024 *****61.25

DOCUMENT # **765622**

1. Corporation Name

WOODBRIDGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2753 S.R. 580 STE 207 CLEARWATER FL 33761 US	2753 S.R. 580 STE 207 CLEARWATER FL 33761 US

2. Principal Place of Business [21]	2a. Mailing Address [26]	3. Date Incorporated or Qualifed **11/02/1982**	
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	4. FEI Number **59-2229646**	Applied For / Not Applicable
City & State [23]	City & State [28]	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip [24]	Country [25]	Zip [29]	Country [30]	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
REARDON, MAUREEN % PROGRESSIVE MANAGEMENT, INC. 2753 STATE ROAD 580, SUITE #207 CLEARWATER FL 34621	81 Name	
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	85 Zip Code **FL** **33761**

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE **SD** NAME **KUSTON, LEE** STREET ADDRESS **11681 PARKVIEW LANE** CITY-ST-ZIP **SEMINOLE FL 33772**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change	☐ Addition
TITLE **TD** NAME **EDDINGER, RON** STREET ADDRESS **11720 PARKVIEW LN** CITY-ST-ZIP **SEMINOLE FL**	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change	☐ Addition
TITLE **VD** NAME **OLDANIE, CHARLES** STREET ADDRESS **11692 PARKVIEW LANE** CITY-ST-ZIP **SEMINOLE FL 33772**	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change	☐ Addition
TITLE **D** NAME **WILLIAMS, JOHN** STREET ADDRESS **11557 WOODBRIDGE BLVD** CITY-ST-ZIP **SEMINOLE FL 33772**	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change	☐ Addition
TITLE **PD** NAME **HIRSCHFIELD, JAN** STREET ADDRESS **11564 WOODBRIDGE BLVD.** CITY-ST-ZIP **SEMINOLE FL**	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change	☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: _____ 1/18/99 727-393-3760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (11/98)