

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 765622

FILED
Mar 21, 2002 8:00 AM
Secretary of State

Entity Name: WOODBRIDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2753 S.R. 580 STE 207
CLEARWATER, FL 33761 US

New Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

Current Mailing Address:

2753 S.R. 580 STE 207
CLEARWATER, FL 33761 US

New Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

FEI Number: 59-2229646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REARDON, MAUREEN
% PROGRESSIVE MANAGEMENT, INC.
2753 STATE ROAD 580, SUITE #207
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 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: MAUREEN C. REARDON

03/21/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CROSS, RAYMOND JR
Address: 11675 PARKVIEW LANE
City-St-Zip: SEMINOLE, FL 33772

Title: TD () Delete
Name: EDDINGER, RON
Address: 11720 PARKVIEW LN
City-St-Zip: SEMINOLE, FL 33772

Title: SD () Delete
Name: RAYMOND, RONALD
Address: 11613 PARKVIEW LANE
City-St-Zip: SEMINOLE, FL 33772

Title: VD () Delete
Name: WILLIAMS, JOHN
Address: 11557 WOODBRIDGE BLVD
City-St-Zip: SEMINOLE, FL 33772

Title: PD () Delete
Name: HIRSCHFIELD, JAN
Address: 11564 WOODBRIDGE BLVD.
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: CROSS, RAYMOND JR
Address: 11675 PARKVIEW LANE
City-St-Zip: SEMINOLE, FL 33772

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ALNWICK, JOHN
Address: 11695 PARKVIEW LANE
City-St-Zip: SEMINOLE, FL 33772

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAN HIRSCHFIELD

PD

03/21/2002

Electronic Signature of Signing Officer or Director

Date