

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765622

FILED
Apr 09, 2007
Secretary of State

Entity Name: WOODBRIDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Mailing Address:

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 C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: WATSON, CHRIS
Address: 11551 WOODBRIDGE BLVD
City-St-Zip: SEMINOLE, FL 33772

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

Title: D () Delete
Name: ALNWICK, JOHN
Address: 11695 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 DR
Address: 11564 WOODBRIDGE BLVD
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: WATSON, CHRIS
Address: 11551 WOODBRIDGE BLVD
City-St-Zip: SEMINOLE, FL 33772

Title: SD (X) Change () Addition
Name: RUSSELL, JACK
Address: 11611 PARKVIEW LN
City-St-Zip: SEMINOLE, FL 33772

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

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 Chapter 119, 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

04/09/2007

Electronic Signature of Signing Officer or Director

Date