

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 765622

FILED  
Apr 21, 2003  
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: 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: 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  
Address: 11564 WOODBRIDGE BLVD.  
City-St-Zip: SEMINOLE, FL 33772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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

04/21/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date