FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 19, 2001 8:00 am **DOCUMENT # N07050 Secretary of State** 1. Entity Name 05-23-2001 91156 028 ****61.25 WOODBRIDGE ESTATES ASSOCIATION, INC. Principal Place of Business Mailing Address 2147 PORTER LAKE DR. 2147 POBLER LAKE DR. SARASOTA FL 34240 2. Principal Place of Business 2685 MOSS ONK DR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number SARASOTA 65-0007520 Not Applicable \$8.75 Additional Country コダン3! 5. Certificate of Status Desired. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 2147G PORTER LAKE DR. SARASOTA FL 24240 SARASOTA FL 34240 8. 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 7. 16.01 SIGNATURE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State After September 12, 2001, min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. SPRINCER, BILLY B TITLE ☐ Delete TITLE 21478 PORTER LAKE SPRINGER, BILLY B NAME 2147G PORTER LAKE DR. STREET ADDRESS SARASOTA 74 39240 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34240 Change ☐ Addition TITLE DT JONES WILLIAM ☐ Delete TITLE JONES, WILLIAM NAME = 2685 MOSS OAK DR NAME 2685 MOSS OAK DR STREET ADDRESS STREET ADDRESS SAPASSIA FL 34231 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 PATRICE E CLARK Change Addition TITLE DP **Z** Delete TITLE 2640 MOSE ONK DR HARDING, ROBERT NAME** NAME SALASOTA PL 34231 STREET ADDRESS STREET ADDRESS 4137 MOSS OAK PLACE CITY-ST-7/P CITY-ST-ZIP SARASOTA FL 34231 NITTERAVER, JAMES TITLE D VP **Change** ☐ Addition ☑ Delete DST TITLE 2671 MOSS ORK DR VROSS, GERALD A NAME NAME SAMMENTA FL 34231 4109 MOSS OAK PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 HAMILTON, BARBARA Change ☐ Addition **∠** Delete TITLE DE D 4145 WOSS OAK PL FLEMING, ANN NAME 🕶 STREET ADDRESS 2616 MOSS OAK DR SARASOM, FL 34231 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I 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 report or supplemental poort 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 true empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

changed, or on an attachment with an other like empowered.

SIGNATURE: SIGNAT