2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State
03-22-2002 90042 032 ****61.25

DOCUMENT # N07050

1. Entity Name

WOODBRIDGE ESTATES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2685 MOSS OAK DR. SARASOTA FL 34231	2685 MOSS OAK DR. SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0007520 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, WILLIAM
2685 MOSS OAK DRIVE
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name JOAN J TATUM

Street Address (P.O. Box Number is Not Acceptable) 4152 MOSS OAK PL

City SARASOTA FL 34231 FL Zip Code 34231

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.

SIGNATURE ✔ Joan J. Tatum, Treasurer Joan J. Tatum 2/10/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPRINGER, BILLY B 2147G PORTER LAKE DR. SARASOTA FL 34240	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DT JOAN J TATUM 4152 MOSS OAK PL SARASOTA FL 34231	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT JONES, WILLIAM 2685 MOSS OAK DR SARASOTA FL 34231	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROCCO CASTORO 4242 MOSS OAK PL SARASOTA FL. 34231	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CLARK, PATRICK E 2640 MOSS OAK DR. SARASOTA FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS IRVING BEYCHOK 4202 MOSS OAK PL SARASOTA, FL 34231	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP NITTERAUER, JAMES 2671 MOSS OAK DR. SARASOTA FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HAMILTON, BARBARA 4145 MOSS OAK DR SARASOTA FL 34231	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patrick E Clark PRES 2.9.02 (941)927-4834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #