2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

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

03022005 No Chg-NP CR2E037 (10/03)

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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

TATUM, JOAN J
4152 MOSS OAK PL
SARASOTA, FL 34231

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	TATUM, JOAN J
STREET ADDRESS	4152 MOSS OAK PL
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D
NAME	CASTORO, ROCCO
STREET ADDRESS	4242 MOSS OAK PL
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	DP
NAME	JONES, WILLIAM E
STREET ADDRESS	2685 MOSS OAK DR.
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	DS
NAME	SMITH, VANESSA
STREET ADDRESS	2619 MOSS OAK DR.
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	DVP
NAME	LAWRENCE, BILL
STREET ADDRESS	2743 MOSS OAK PL
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/09/05-80042-013 61.25

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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: Joan J. Tatum DT Joan J. Tatum 3/7/05 (941)924-4358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #