

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90006 023 ****61.25

DOCUMENT # N07050 1. Entity Name WOODBIDGE ESTATES ASSOCIATION, INC.					
Principal Place of Business 2685 MOSS OAK DR. SARASOTA, FL 34231				Mailing Address 2685 MOSS OAK DR. SARASOTA, FL 34231	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		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				7. Name and Address of New Registered Agent	
TATUM, JOAN J 4152 MOSS OAK PL SARASOTA, FL 34231				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TATUM, JOAN J 4152 MOSS OAK PL SARASOTA, FL 34231	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim Dinsmore 2671 Moss Oak Dr. Sarasota, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTORO, ROCCO 4242 MOSS OAK PL SARASOTA, FL 34231	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, WILLIAM E 2685 MOSS OAK DR. SARASOTA, FL 34231	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, VANESSA 2619 MOSS OAK DR. SARASOTA, FL 34231	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LAWRENCE, BILL 2743 MOSS OAK PL SARASOTA, FL 34231	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP W ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pat Clark 2640 Moss Oak Dr. Sarasota, FL 34231
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>W. Dinsmore</i>				Date 7-10-06 Daytime Phone # 941-927-6464	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					