## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N07050  1. Entity Name WOODBRIDGE ESTATES ASSOCIATION, INC.  Principal Place of Business Mailing Address								07-24-200	06 90006 0	23 ****6	51.25
2685 MOSS SARASOTA, F	oak dr.	ng Address 5 MOSS OAK DR. ASOTA, FL 34231			1 ( <b>0 1</b> 711 <b>0) 0</b> (1	<b>8 \$</b> 1))) ( <b>1 6</b> 1) <b>8 8</b> 1(1)	NYIE VINEE DIVIN RED	ti dedil givil dil	NIFFEL DA TURI		
2. Principal Place of Business 3. Ma			Mailing Address								
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				07052006	Chg-NP	CR2E0	37 (4/06)	
City & State		Cit	City & State			,	4. FEI Numbe 65-000				pplied For ot Applicable
Zip	Country	Zip		Cou	ntry			of Status Desire	· 🗀	\$8.75 Add Fee Require	
	6. Name and Address of Cui	rrent Registere	d Agent		Na		7. Name and	Address of Nev	w Registered A	\gent	
TATUM, JOAN J					Name Street Address (P.O. Box Number is Not Acceptable)						
4152 MOSS OAK PL SARASOTA, FL 34231					300007	1001633 (1					
					City				FL	Zip Cod	le
The above named entity submits this statement for the purpose of changing its registere											
the obligat	ions of registered agent.										
SIGNATURE.	Signature, typed or printed name of registered	agent and title if app	licable. (NOT	E: Registered	d Agent signat	ture required	when reinstating)		OATE		
Filing Fee is \$61.25 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution.								
Di		3				0	\$5.00 May Bo Added to Fees	F	Make check Iorida Depart		
10.	ue by September 6, 2006 OFFICERS AN	D DIRECTORS				^	\$5.00 May Bound Added to Fees	F	lorida Depart	ment of S	tate I 10
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

7-10.00 941-927-64c

Daytime Phone #