

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90037 050 \*\*\*\*61.25

|                                                                                                                                                                                                                               |                                 |                                                                                     |                                                                                                                                                                                                        |                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N07050</b><br>1. Entity Name<br><b>WOODBIDGE ESTATES ASSOCIATION, INC.</b>                                                                                                                                      |                                 |                                                                                     |                                                                                                                                                                                                        |  |  |
| Principal Place of Business<br><b>2685 MOSS OAK DR.<br/>SARASOTA FL 34231</b>                                                                                                                                                 |                                 |                                                                                     | Mailing Address<br><b>2477 STICKNEY POINT RD.<br/>SUITE 118A<br/>SARASOTA FL 34231</b>                                                                                                                 |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                |                                 | 3. Mailing Address                                                                  |                                                                                                                                                                                                        |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |                                 | Suite, Apt. #, etc.                                                                 |                                                                                                                                                                                                        |                                                                                   |  |
| City & State                                                                                                                                                                                                                  |                                 | City & State                                                                        |                                                                                                                                                                                                        |                                                                                   |  |
| Zip                                                                                                                                                                                                                           | Country                         | Zip                                                                                 | Country                                                                                                                                                                                                |                                                                                   |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                               |                                 |                                                                                     | 7. Name and Address of New Registered Agent                                                                                                                                                            |                                                                                   |  |
| <b>TATUM, JOAN J<br/>4152 MOSS OAK PL<br/>SARASOTA FL 34231</b>                                                                                                                                                               |                                 |                                                                                     | Name <b>Argus Property Management</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>2477 Stickney Point Rd</b><br><b>Suite 118A</b><br>City <b>Sarasota</b> <b>FL</b> Zip Code <b>34231</b> |                                                                                   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and the filer (NOTE: Registered Agent signature required when reinstating)</small>                                                             |                                 |                                                                                     |                                                                                                                                                                                                        |                                                                                   |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2008</b>                                                                                                                                                                  |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                        | <b>\$5.00 May Be<br/>Added to Fees</b>                                            |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>                                                                                                                                                                  |                                 |                                                                                     |                                                                                                                                                                                                        |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                 |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                  |                                                                                   |  |
| TITLE                                                                                                                                                                                                                         | S                               | <input type="checkbox"/> Delete                                                     | TITLE                                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                          | <b>TATUM, JOAN J</b>            |                                                                                     | NAME                                                                                                                                                                                                   |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                | <b>4152 MOSS OAK PL</b>         |                                                                                     | STREET ADDRESS                                                                                                                                                                                         |                                                                                   |  |
| CITY- ST- ZIP                                                                                                                                                                                                                 | <b>SARASOTA FL 34231</b>        |                                                                                     | CITY- ST- ZIP                                                                                                                                                                                          |                                                                                   |  |
| TITLE                                                                                                                                                                                                                         | P                               | <input type="checkbox"/> Delete                                                     | TITLE                                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                          | <b>SMITH, VANESSA</b>           |                                                                                     | NAME                                                                                                                                                                                                   |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                | <b>2619 MOSS OAK DR.</b>        |                                                                                     | STREET ADDRESS                                                                                                                                                                                         |                                                                                   |  |
| CITY- ST- ZIP                                                                                                                                                                                                                 | <b>SARASOTA FL 34231</b>        |                                                                                     | CITY- ST- ZIP                                                                                                                                                                                          |                                                                                   |  |
| TITLE                                                                                                                                                                                                                         | D                               | <input type="checkbox"/> Delete                                                     | TITLE                                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                          | <b>LAWRENCE, BILL</b>           |                                                                                     | NAME                                                                                                                                                                                                   |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                | <b>2743 MOSS OAK PL</b>         |                                                                                     | STREET ADDRESS                                                                                                                                                                                         |                                                                                   |  |
| CITY- ST- ZIP                                                                                                                                                                                                                 | <b>SARASOTA FL 34231</b>        |                                                                                     | CITY- ST- ZIP                                                                                                                                                                                          |                                                                                   |  |
| TITLE                                                                                                                                                                                                                         | D                               | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                                                                                                                                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| NAME                                                                                                                                                                                                                          | <b>CLARK, PAT</b>               |                                                                                     | NAME                                                                                                                                                                                                   | <b>John Mercier</b>                                                               |  |
| STREET ADDRESS                                                                                                                                                                                                                | <b>2640 MOSS OAK DR</b>         |                                                                                     | STREET ADDRESS                                                                                                                                                                                         | <b>4186 Moss Oak Place</b>                                                        |  |
| CITY- ST- ZIP                                                                                                                                                                                                                 | <b>SARASOTA FL 34231</b>        |                                                                                     | CITY- ST- ZIP                                                                                                                                                                                          | <b>Sarasota, FL 34231</b>                                                         |  |
| TITLE                                                                                                                                                                                                                         | <input type="checkbox"/> Delete |                                                                                     | TITLE                                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                          |                                 |                                                                                     | NAME                                                                                                                                                                                                   |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                |                                 |                                                                                     | STREET ADDRESS                                                                                                                                                                                         |                                                                                   |  |
| CITY- ST- ZIP                                                                                                                                                                                                                 |                                 |                                                                                     | CITY- ST- ZIP                                                                                                                                                                                          |                                                                                   |  |
| TITLE                                                                                                                                                                                                                         | <input type="checkbox"/> Delete |                                                                                     | TITLE                                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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 exemptions contained in Section 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:** W. Lawrence Treasurer 3/10/08