FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:35

DOCUMENT # **N22907** **(2)**

1. Corporation Name

WOODRIDGE HOA, INC.

Principal Place of Business	Mailing Address
% GEORGE PRESSON P.O. BOX 4 LUTZ FL 33549 US	% GEORGE PRESSON P.O. BOX 4 LUTZ FL 33549 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1987
3a. Date of Last Report: 09/02/1994
4. FEI Number: ~~59-3255288~~ APPLIED FOR ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

COTTERILL, RONALD E PA
NORTH FORK PROFESSIONAL CENTER
1519 NORTH DALE MABRY SUITE 100
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature of New Registered Agent, if changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BENITEZ, ROBERT L	12 NAME	
STREET ADDRESS	1453 WATERWOOD DR.	13 STREET ADDRESS	
CITY ST ZIP	LUTZ FL 33549-6911	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	DINSDALE, CHARLES A	22 NAME	
STREET ADDRESS	23622 HARDWOOD CT	23 STREET ADDRESS	
CITY ST ZIP	LUTZ FL 33549-6912	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	PRESSON, GEORGE C	32 NAME	
STREET ADDRESS	1440 WATERWOOD DR.	33 STREET ADDRESS	
CITY ST ZIP	LUTZ FL 33549	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ GEORGE PRESSON 4/24/95 813 978 7588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0052402

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95 JUL 19 AM 8:36
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23042

1 Corporation Name

AMENDED REPORT

ORANGE LAKE HOME OWNERS ASSOCIATION INC.

Principal Place of Business	Mailing Address
15840-95 STATE RD 50 CLERMONT, FL 34711	SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10-20-87
3a. Date of Last Report: 2-95
4. FEI Number: 59-2859638 — Applied For
5. Certificate of Status Desired — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes — ☐ Yes ☒ No

21 Principal Place of Business	26 Mailing Address
same	same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SAME AS ABOVE

10. Name and Address of New Registered Agent

81 Name: C. STEVEN TAYLOR - PRESIDENT
82 Street Address (P.O. Box Number is Not Acceptable): 15840-95 sr 50
83
84 City: CLERMONT FL 85 Zip Code: 34711

11. Pursuant to the provisions of Sections 617.0502 and 617.1808, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: C. Steven Taylor — 5-31-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT C. STEVEN TAYLOR 15840-95 sr 50 Clearmont ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200001545302 -07/25/95--01058--025 *****61.25 *****61.25	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VICE PRESIDENT BRUCE HART !15840-229 sr 50 Clearmont ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200001545302 -07/25/95--01058--026 ******8.75 ******8.75	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SECRETARY GLAUDS MCCOY 15840-172 sr 50 Clearmont ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	TREASURE DOUG JOHNSON 15840-95 sr 50 Clearmont ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TIS 7/19/95	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	Alternate T GLENN WHEELOCK 15840-157 sr 50 Clearmont ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Alternate T Leonard Yost 15840-16 sr 50 Clearmont	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	Alternate T Frank Julian 15840-238 sr 50 Clearmont ☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C. STEVEN TAYLOR — 5-31-95 — 407-656-0651
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #