

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N22907** (2)
1. Corporation Name
WOODRIDGE HOA, INC.



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

3. Date Incorporated or Qualified: 10/08/1987
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 to Kenneth Pothoven, Suite, Apt. #, etc.
22 City & State
23 Zip, Country
24
2a. Mailing Address: 26 to Kenneth Pothoven, Suite, Apt. #, etc.
27 City & State
28 Zip, Country
29
30
4. FEI Number: 59-3255288
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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, 85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	BENITEZ, ROBERT L 1453 WATERWOOD DR. LUTZ FL 33549-6911	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: KLEKER, MEREDITH 1.3 STREET ADDRESS: 23616 HARDWOOD COURT 1.4 CITY-ST-ZIP: LUTZ, FL 33549-6912
TITLE: VD	DINSDALE, CHARLES A 23622 HARDWOOD CT LUTZ FL 33549-6912	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VD 2.2 NAME: EVANS, DONNA 2.3 STREET ADDRESS: 1727 WOODPOND WAY 2.4 CITY-ST-ZIP: LUTZ, FL. 33549-6912
TITLE: STD	PRESSON, GEORGE C 1440 WATERWOOD DR. LUTZ FL 33549	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: STD 3.2 NAME: POTHOVEN, KENNETH 3.3 STREET ADDRESS: 1403 WATERWOOD DRIVE 3.4 CITY-ST-ZIP: LUTZ, FL. 33549-6912
TITLE:		<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:
TITLE:		<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:
TITLE:		<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 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)(k), 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: Kenneth Pothoven Kenneth Pothoven 3/9/96 (813)949-6665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)