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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22907

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WOODRIDGE HOA. INC

Committee Comm	WOODI	TIDGE HOA, INC.								
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LUTZ FL 33549 4 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617 0502 and 617.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. and miniar with, and accept the obligations of, Section 617.0503, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. and miniar with, and accept the obligations of, Section 617.0503, Florids Statutes. SIGNATURE Signature, Speed or priend name of registered agent are site if appointment. (MOTE Registered Agent agration registered agent are site if appointment as registered agent. In this statement for the purpose of changing its registered agent. In the purpose of changing						Addres	s (P.O. Box Number is Not Accept	adie)		
11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statules, 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 euthorized by the corporation's board of directors. I hereby accept the spipointment as registered signer. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statules. SIGNATURE Signature, byed or prefer name of registered appret are to tile if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE PO ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE PO ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. STREET ADDRESS IN 14. DIT-51-2P LUTZ F. J. 33549 THE VD EVAND, DONNA 1727 WOODPOND WAY LUTZ FL 10 DELETE 11 TITLE 12 YD 22 NAME 23 STREET ADDRESS 34. CITY-51-2P 12 YD 24 DIT-51-2P 14 TITLE 15 TD 15 TITLE 16 TITLE 17 TITLE 18 TITLE 18 TITLE 19 DELETE 18 TITLE 19 DELETE 1				8	3					
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		ov certify that the information supplied	with this filing does not qualif			stated in	Section 119.07(3)(i). Florida Statu	tes I furthe	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

CR2F037 (9/96)

FILED

Feb 14 1997 8:00am

Secretary of State