

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 09, 1999 8:00 am**  
**Secretary of State**

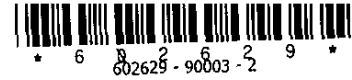
08-09-1999 90003 002 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N22907  
 1. Corporation Name  
 WOODRIDGE HOA, INC.



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

2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified  
 21 *Delete c/o Jeff Sturgess* 26 *Delete c/o Jeff Sturgess* 10/08/1987  
 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For  
 22 27 59-3255288 Not Applicable  
 City & State City & State 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 23 28 6. Election Campaign Financing  \$5.00 May Be Added to Fees  
 Trust Fund Contribution  
 24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
 COTTERILL, RONALD E 81 Name  
 35111 US 19 NORTH 82 Street Address (P.O. Box Number is Not Acceptable)  
 SUITE 302 83  
 PALM HARBOR FL 34684 84 City FL 85 Zip Code

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <del>DELETE</del>	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEARY, STEVE C	1.2 NAME	ROBERT ROMAN
STREET ADDRESS	23628 OAKSIDE BLVD	1.3 STREET ADDRESS	1625 WOODRIDGE COURT
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	LUTZ FL 33549
TITLE	VD <del>DELETE</del>	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMELTER, BECKY	2.2 NAME	RENE MULLEN
STREET ADDRESS	23538 OAKSIDE BLVD	2.3 STREET ADDRESS	1640 WOODRIDGE COURT
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	LUTZ FL 33549
TITLE	STD <del>DELETE</del>	3.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STURGESS, JEFF	3.2 NAME	JAMES J. STANLEY
STREET ADDRESS	1654 WOODRIDGE CT	3.3 STREET ADDRESS	23703 OAKSIDE BLVD.
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	LUTZ FL 33549
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *James J. Stanley* JAMES J. STANLEY 8/2/99 813-909-0134  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)