

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90062 028 *****61.25

DOCUMENT # N22907

1. Entity Name

WOODRIDGE HOA, INC.

Principal Place of Business

P.O. BOX 4
 LUTZ FL 33549
 US

Mailing Address

P.O. BOX 4
 LUTZ FL 33549
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3255288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

COTTERILL, RONALD E
35111 US 19 NORTH
SUITE 302
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name

STANLEY, JAMES J

Street Address (P.O. Box Number is Not Acceptable)

23703 OAKSIDE BLVD

City

LUTZ

FL

Zip Code

33549

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.

SIGNATURE

James J Stanley **JAMES J. STANLEY**

2/26/01
 DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROMAN, ROBERT	
STREET ADDRESS	1625 WOODRIDGE COURT	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MULLEN, RENE L	
STREET ADDRESS	1640 WOODRIDGE COURT	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	STD	<input type="checkbox"/> Delete
NAME	STANLEY, JAMES J	
STREET ADDRESS	23703 OAKSIDE BLVD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONAHUE, GEORGE E	
STREET ADDRESS	1419 WATERWOOD DR	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	POOL, EUGENE K	
STREET ADDRESS	1336 WATER WOOD DR	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHELDON, JOHN C.	
STREET ADDRESS	1705 WOODPOND WAY	
CITY-ST-ZIP	LUTZ FL 33549	

12. 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 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:

James J Stanley **JAMES J. STANLEY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01
 Date

813-909-0134
 Daytime Phone #

CR2E037 (10/00)