

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

0077428

**DOCUMENT # N22907**

1. Entity Name

**WOODRIDGE HOA, INC.**

03-20-2002 90025 023 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 4  
 LUTZ FL 33549  
 US

P.O. BOX 4  
 LUTZ FL 33549  
 US

2. Principal Place of Business

3. Mailing Address

*P.O. Box 4*

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

*Lutz FL*

4. FEI Number

**59-3255288**

Applied For

Not Applicable

Zip

Country

Zip

Country

*33548*

*US*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STANLEY, JAMES J.**  
**23703 OAKSIDE BLVD.**  
**LUTZ FL 33549**

Name *GEORGE PRESSON*

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

*1440 WATERWOOD DR*

City

*Lutz*

FL

Zip Code

*33539*

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 *GEORGE PRESSON*

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

(NOTE: Registered Agent signature required when re-registering)

DATE

*1/30/02*

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MULLEN, RENE L	
STREET ADDRESS	1640 WOODRIDGE COURT	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	STANLEY, JAMES J	
STREET ADDRESS	23703 OAKSIDE BLVD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DONAHUE, GEORGE E	
STREET ADDRESS	1419 WATERWOOD DR	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POOL, EUGENE K	
STREET ADDRESS	1336 WATER WOOD DR	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHELDON, JOHN C	
STREET ADDRESS	1705 WOODPOND WAY	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK EVANS	
STREET ADDRESS	1727 WOODPOND WAY	
CITY-ST-ZIP	LUTZ FL 33559	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE PRESSON	
STREET ADDRESS	1440 WATERWOOD DR	
CITY-ST-ZIP	LUTZ FL 33539	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT WILLIAMS	
STREET ADDRESS	23763 OAKSIDE BLVD.	
CITY-ST-ZIP	LUTZ FL 33559	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE RANDALL	
STREET ADDRESS	1435 WATERWOOD DR	
CITY-ST-ZIP	LUTZ FL 33559	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY KLEBER	
STREET ADDRESS	23616 HARDWOOD CT	
CITY-ST-ZIP	LUTZ FL 33559	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *GEORGE PRESSON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

My Phone #

*1/30/02*

*813/949-0401*

CR2E037 (9/01)