

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22907

FILED
Jan 24, 2007
Secretary of State

Entity Name: WOODRIDGE HOA, INC.

Current Principal Place of Business:

P.O. BOX 4
LUTZ, FL 33549 US

New Principal Place of Business:

BETWEEN SR 54 & COUNTY LINE RD
LUTZ, FL 33549 US

Current Mailing Address:

P.O. BOX 4
LUTZ, FL 33548 US

New Mailing Address:

FEI Number: 59-3255288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HRENKO, JOHN
1521 WATERWOOD DRIVE
LUTZ, FL 33559 US

Name and Address of New Registered Agent:

TURNER, SHARON
23709 OAKSIDE BLVD
LUTZ, FL 33559 US

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: SHARON TURNER

01/24/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: HRENKO, JOHN
Address: 1521 WATERWOOD DRIVE
City-St-Zip: LUTZ, FL 33559 US

Title: BM () Delete
Name: FURLONG, GEORGE
Address: 23519 OAKSIDE BOULEVARD
City-St-Zip: LUTZ, FL 33559 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: POOLE, GREG
Address: 1603 WATERWOOD
City-St-Zip: LUTZ, FL 33559 US

Title: VP (X) Change () Addition
Name: SLATER, AGGIE
Address: 23625 OAKSIDE BOULEVARD
City-St-Zip: LUTZ, FL 33559 US

Title: S/T () Change (X) Addition
Name: TURNER, SHARON
Address: 23709 OAKSIDE BOULEVARD
City-St-Zip: LUTZ, FL 33559

Title: ARB () Change (X) Addition
Name: FURLONG, GEORGE
Address: 23519 OAKSIDE BLVD
City-St-Zip: LUTZ, FL 33559

Title: MAIN () Change (X) Addition
Name: GUERETTE, BOB
Address: 23733 OAKSIDE BLVD
City-St-Zip: LUTZ, FL 33559

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON TURNER

S/T

01/24/2007

Electronic Signature of Signing Officer or Director

Date