


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34543 (1)

1. Corporation Name
WOODBIDGE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business 1396 U.S. #1 VERO BEACH FL 32960	Mailing Address 1396 U.S. #1 VERO BEACH FL 32960
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3. Date Incorporated or Qualified 10/05/1989	Applied For <input type="checkbox"/>
4. FEI Number 59-3000586	Not Applicable <input checked="" type="checkbox"/>

21. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. City & State 22	27. City & State 27
23. Zip 23	28. Zip 28
Country 25	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MOONEY, ROBERT G., JR.
1396 US# 1
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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]* DATE: **4-2-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOONEY, ROBERT G., JR.	1.2 NAME	
STREET ADDRESS	1396 US #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32960	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRISON, PAUL	2.2 NAME	
STREET ADDRESS	3780 7TH PALCE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, GEOFFREY	3.2 NAME	
STREET ADDRESS	3785 7TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHEELER, KIMBERLY	4.2 NAME	
STREET ADDRESS	3810 7TH LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLES, PATRICK	5.2 NAME	
STREET ADDRESS	635 38TH CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	5.4 CITY-ST-ZIP	
TITLE		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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
B.J. Lieffort	
3770 7th Place	
Vero Beach, FL	
TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Charles Pearson	
3805 7th Place	
Vero Beach, FL	
SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Sarah Chnupa	
3825 7th Place	
Vero Beach, FL	
	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]* DATE: **4-2-98** 561
 562-2005

CR2E037 (10/97)