

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90046 021 ****61.25

DOCUMENT # N94000001108

1. Entity Name
WOODBURY GLEN HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**190 NORTH WESTMONTE DRIVE
SUITE 100
ALTAMONTE SPRINGS, FL 32714 US**

Mailing Address
**190 NORTH WESTMONTE DRIVE
SUITE 100
ALTAMONTE SPRINGS, FL 32714 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3256423

Applied For
Not Applicable

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

**CAMPBELL, MARILYN
190 NORTH WESTMONTE DRIVE
SUITE 100
ALTAMONTE SPRINGS, FL 32714**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME ROTHROCK, JIM
STREET ADDRESS 9780 WILD OAK DRIVE
CITY-ST-ZIP WINDERMERE, FL 34786

TITLE V/D ☐ Change ☒ Addition
NAME DAVID DIAZ
STREET ADDRESS 12839 WOODBURY GLEN DRIVE
CITY-ST-ZIP ORLANDO FL 32828

TITLE D ☐ Delete
NAME FRIEDEL, REBECCA L
STREET ADDRESS 12755 WOODBURY OAK DRIVE
CITY-ST-ZIP ORLANDO, FL 32828

TITLE S/A/D ☒ Change ☐ Addition
NAME FRIEDEL, REBECCA L
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME WILLIAMS, MELISSA
STREET ADDRESS 12700 WOODBURY GLEN DR.
CITY-ST-ZIP ORLANDO, FL 32828

TITLE P/D ☐ Change ☒ Addition
NAME LINDA ROTH
STREET ADDRESS 12843 WOODBURY GLEN DR
CITY-ST-ZIP ORLANDO FL 32828

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Linda K Roth

3-21-05

407-658-4079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #