

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770442

Entity Name: WOODRIDGE GREEN HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 31, 2022
Secretary of State
8011966702CC

Current Principal Place of Business:

720 BROOKER CREEK BLVD.
SUITE 206
OLDSMAR, FL 34677

Current Mailing Address:

720 BROOKER CREEK BLVD.
SUITE 206
OLDSMAR, FL 34677 US

FEI Number: 59-2429718

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCANNAVINO, INC.
720 BROOKER CREEK BLVD.
SUITE 206
OLDSMAR, FL 34677 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: DOMINICK SCANNAVINO

03/31/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name FREEMAN, SUZIE
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title VPD
Name LOPEZ, HUGO
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title TSD
Name SMITH, EILEEN
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title D
Name JAMES, MARY LOU
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title D
Name DENICOLA, JOHN
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title D
Name PRATT, LISA
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title D
Name GEHAB, CLAIR
Address 720 BROOKER CREEK BLVD.
SUITE 206
City-State-Zip: OLDSMAR FL 34677

I hereby 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 all other like empowered.

SIGNATURE: SUZIE FREEMAN

PRESIDENT

03/31/2022

Electronic Signature of Signing Officer/Director Detail

Date