

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34543

**FILED**  
**Mar 30, 2015**  
**Secretary of State**  
**CC5529034557**

**Entity Name:** WOODBRIDGE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3700 7TH LANE  
VERO BEACH, FL 32968

**Current Mailing Address:**

P. O. BOX 1173  
VERO BEACH, FL 32961 US

**FEI Number: 59-3000586**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JAY STEVEN LEVINE, ESQUIRE  
3300 PGA BOULEVARD  
SUITE #430  
PALM BEACH GARDENS, FL 33410 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MORRIS, JAMES  
Address        3825 7TH PLACE  
City-State-Zip: VERO BEACH FL 32968

Title            VICE PRESIDENT  
Name            DUPUIS, THOMAS  
Address        3815 7TH PLACE  
City-State-Zip: VERO BEACH FL 32968

Title            TREASURER  
Name            CONKLIN, ANNE  
Address        P.O. BOX 1191  
City-State-Zip: VERO BEACH FL 32961

Title            SECRETARY  
Name            SCHAFFER, TRACEY  
Address        3775 7TH LANE  
City-State-Zip: VERO BEACH FL 32968

Title            DIRECTOR  
Name            JEWETT, ARTHUR  
Address        3840 7TH LANE  
City-State-Zip: VERO BEACH FL 32968

*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: ANNE CONKLIN**

**TREASURER**

**03/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date