2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90038 022 ****61.25

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1. Entity Name

WOODRIDGE SUBDIVISION HOMEOWERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5 RIDGE TRAIL ORMOND BEACH FL 32174 US	PO BOX 1176 ORMOND BEACH FL 32175 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2041220 ☐ 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
FISHER, MORRIS J 5 RIDGE TRAIL ORMOND BEACH FL 32174	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

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIMSEL, JAMES A. 12 RIDGE TRAIL ORMOND BEACH FL	☒ Delete	PD HIMSEL, JAMES A 12 RIDGE TR ORMOND Bch FL 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WITTENBERG, HENRY 7 STONEHAVEN TRAIL ORMOND BEACH FL 32174	☒ Delete	D UNDERWOOD, ANNABELLE 1 RIDGE TR ORMOND Bch FL 32174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCLAUGHLIN, SAMANTHA 7 LAKE TRAIL ORMOND BEACH FL 32174	☐ Delete	STD McLAUGHLIN, SAMANTHA 7 LAKE TR ORMOND Bch FL 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAY, LUCIEN 8 STONEHAVEN TRAIL ORMOND BEACH FL	☒ Delete	VPD MARKOVICS, MICHAEL 19 RIDGE TR ORMOND Bch FL 32174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASPLEY, RUTH 7 RIDGE TRIAL ORMOND BEACH FL 32174	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FISHER, MORRIS J 5 RIDGE TRAIL ORMOND BEACH FL 32174	☒ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: X Samantha McLaughlin SAMANTHA McLAUGHLIN 1/28/08