

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749362

FILED
Jan 14, 2009
Secretary of State

Entity Name: WOODRIDGE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5 RIDGE TRAIL
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

12 RIDGE TRAIL
ORMOND BEACH, FL 32174 US

Current Mailing Address:

PO BOX 1176
ORMOND BEACH, FL 32175 US

New Mailing Address:

FEI Number: 59-2041220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, MORRIS J
5 RIDGE TRAIL
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

HIMSEL, JIM
12 RIDGE TRAIL
ORMOND BEACH, FL 32174 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: JIM HIMSEL

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HIMSEL, JAMES A.
Address: 12 RIDGE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: WINDERWOOD, ANNABELLE
Address: 1 RIDGETR
City-St-Zip: ORMOND BEACH, FL 32174

Title: STD () Delete
Name: MCLAGHLIN, SAMANTHA
Address: 7 LAKE TR
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD () Delete
Name: MARKOVICS, MICHAEL
Address: 19 RIDGE TR
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: ASPLEY, RUTH
Address: 7 RIDGE TRIAL
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MARKOVICS, MIKE
Address: 19 RIDGE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: ASPLEY, RUTH
Address: 7 RIDGE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Change () Addition
Name: UNDERWOOD, ANNABELLE
Address: 1 RIDGE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JIM HIMSEL

PRE

01/14/2009

Electronic Signature of Signing Officer or Director

Date