

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749362

FILED
Jan 24, 2010
Secretary of State

Entity Name: WOODRIDGE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12 RIDGE TRAIL
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

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:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

Title: VP
Name: MARKOVICS, MIKE
Address: 19 RIDGE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: STD
Name: ISHERWOOD, BARBAR
Address: 11 LAKE TR
City-St-Zip: ORMOND BEACH, FL 32174

Title: DIR
Name: HESTER, RUSTY
Address: 11 RIDGE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: D
Name: SCHOCH, JOHN
Address: 5 LAKE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: D
Name: JEWELL, RUBY
Address: 8 RIDGE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

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: JIM HIMSEL

PRES

01/24/2010

Electronic Signature of Signing Officer or Director

Date