

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749362

**FILED**  
**Feb 11, 2012**  
**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: D  
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

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: JAMES HIMSEL

PD

02/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date