

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769292

FILED  
Apr 24, 2006  
Secretary of State

**Entity Name:** WOODRIDGE PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2403 S E 17TH ST  
OCALA, FL 32671

**New Principal Place of Business:**

**Current Mailing Address:**

1300 W NORTH BLVD  
LEESBURG, FL 34748

**New Mailing Address:**

**FEI Number:** 59-2500204

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRIZZARD, THOMAS N  
1300 W NORTH BLVD  
LEESBURG, FL 34748 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 ( ) Delete  
Name: GRIZZARD, THOMAS N  
Address: 1300 W NORTH BLVD  
City-St-Zip: LEESBURG, FL 34748

Title: D ( ) Delete  
Name: GRIZZARD, THOMAS D  
Address: 1300 W NORTH BLVD  
City-St-Zip: LEESBURG, FL 34748

Title: D ( ) Delete  
Name: VIDAL, JOSEPH,  
Address: 2403 SE 17 ST., STE 101  
City-St-Zip: OCALA, FL

Title: D ( ) Delete  
Name: GRIZZARD, LINDA K  
Address: 1300 W NORTH BLVD  
City-St-Zip: LEESBURG, FL 34748

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS N GRIZZARD

PD

04/24/2006

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

\_\_\_\_\_  
Date