2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# 769292

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:

WIECHENS, CHRISTOPHER S
2603 SE 17TH STREET SUITE A
OCALA, FL 34471 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 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 02/10/2009

Electronic Signature of Signing Officer or Director — Date