2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SECRETARY OF STAIL
OF CORPORATION **DOCUMENT #770530** 06 AUG 28 AM 7:53 WOOD RIDGE COMMON ASSOCIATION, INC. Principal Place of Business Mailing Address 3968 N MONROE ST P.O. BOX 180657 TALLAHASSEE, FL 32318 TALLAHASSEE, FL 32303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08282006 Chq-NP CR2E037 (4/06) City & State Applied For City & State 4. FEI Number 59-2357801 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent eAm Spordone SBARDONE, LEANN Street Address (P.O. Box Number is Not Acceptable) HOMEOWNERS ASSOCIATION SERVICES 3968 N MONROE ST TALLAHASSEE, FL 32303 City Zip Code FL 8. 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. I am familiar with, and accept 8-28-66 SIGNATURE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to \Box Trust Fund Contribution. Added to Fees Florida Department of State Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **C**hange ☐ Delete TITLE ☐ Addition TITLE CLARK, WILMA S NAME NAME 700079730537 09/12/06--01064--007 ***61 STREET ADDRESS P O BOX 3653 STREET ADDRESS TALLAHASSEE, FL 32303 CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITLE Hunter Lyles 1571 Stone Road, #12-F NERLAND, DAVE NAME NAME STREET ADDRESS 2650 W PENSACOLA, #9 STREET ADDRESS Tallahassee FL 32303 TALLAHASSEE, FL 32304 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE LeAnn Sbordone P.D. Box 180657 SBARDONE, LEANN NAME 3968 N MONROE ST STREET ADDRESS STREET ADDRESS Tallahassee FL 32318 CITY-ST-ZIP TALLAHASSEE, FL 32303 CITY-ST-ZIP **Addition** TITLE Delete TITLE Lenny Martineau 1571 Stone Road, #3-D Tallahassee, FL 32303 NAME MARYANSKI, NANCY NAME 1571-4C STONE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303 CITY-ST-ZIP ☐ Channe ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

8-28-06