
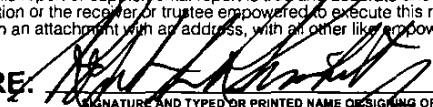


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 24 AM 8:03

DOCUMENT # 770530 1. Entity Name WOOD RIDGE COMMON ASSOCIATION, INC.					
Principal Place of Business 3968 N MONROE ST TALLAHASSEE, FL 32303			Mailing Address P.O. BOX 180657 TALLAHASSEE, FL 32318		
2. Principal Place of Business - No P.O. Box # 644 CAPITAL CIRCLE NE		3. Mailing Address PO BOX 13089			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Tallahassee FL		City & State Tallahassee FL		4. FEI Number 59-2357801	
Zip 32301		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32317		Country 		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SBORDONE, LEANN HOMEOWNERS ASSOCIATION SERVICES 3968 N MONROE ST TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Robert S Rhinehart Street Address (P.O. Box Number is Not Acceptable) 644 CAPITAL CIRCLE NE City TALLAHASSEE FL Zip Code 32301		
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 the obligations of registered agent.					
SIGNATURE  <small>Signature, type or printed name of registered agent and title if applicable.</small>			DATE 3/21/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, WILMA S P O BOX 3653 TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MEYI, ELLEN 1571 STONE RD #7-C TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NERLAND, DAVE 2650 W. PENSACOLA ST #9 TALLAHASSEE, FL 32304	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CHIP PERKINS 2350 WANDAWAY TALLAHASSEE FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 an other like empowered.					
SIGNATURE  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 3/21/08 <small>Daytime Phone #</small>		