

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 770531

1. Entity Name  
WOOD RIDGE TWO CONDOMINIUM 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08282006 Chg-NP CR2E037 (4/06)

4. FEI Number  
59-2357792

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SBORDONE, LEANN  
3968 N MONROE S  
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Homeowners Association Services  
3968 N. Monroe Street  
City FL Zip Code

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 LeAnn Sbordone, Community Manager 8-28-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required with reinstating) DATE

Filing Fee is \$61.25  
Due by September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME HUNTER, LYLES  
STREET ADDRESS 1571 STONE RD, # 12-F  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ST ☐ Delete  
NAME CLARK, WILMA  
STREET ADDRESS P O BOX 3653  
CITY-ST-ZIP TALLAHASSEE, FL 32315

TITLE VP ☒ Delete  
NAME TRUSTY, TAMMY  
STREET ADDRESS 1571 STONE RD, #1-A  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE M ☐ Delete  
NAME SBORDONE, LEANN  
STREET ADDRESS 3968 N MONROE ST  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☒ Change ☐ Addition  
NAME 400079730564  
STREET ADDRESS 09/12/06--01064--008 \*\*\$61.25  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Ann Reeves  
STREET ADDRESS 1819 Wales Drive  
CITY-ST-ZIP Tallahassee, FL 32303

TITLE M ☒ Change ☐ Addition  
NAME LeAnn Sbordone  
STREET ADDRESS P.O. Box 180657  
CITY-ST-ZIP Tallahassee, FL 32318

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: LeAnn Sbordone 8-28-06 850-562-8708  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION:  
06 AUG 28 AM 7:50

