

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/1
FILED
Sep 10, 2008 8:00 am
Secretary of State

08-06-2008 90018 018 ****61.25

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**

66016465-



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07312008 Chg-NP CR2E037 (12/08)

City & State

City & State

4. FEI Number
59-2357792

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SBORDONE, LEANN
HOMEOWNERS ASSOCIATION SERVICES
3968 N. MONROE ST
TALLAHASSEE, FL 32303**

3968 N. Monroe

Name

Street Address (P.O. Box Number is Not Acceptable)

3968 N. Monroe

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
HUNTER, LYLES
1571 STONE RD, # 12-F
TALLAHASSEE, FL 32303

☐ Delete

P
Change ☒ Addition ☐

P
CLARK, WILMA
P O BOX 3653
TALLAHASSEE, FL 32315

☐ Delete

T
Change ☒ Addition ☐

S
REEVES, ANN
1819 WALES DRIVE
TALLAHASSEE, FL 32303

☐ Delete

Change ☐ Addition ☐

☐ Delete

Change ☐ Addition ☒
*Marion Welky
1571 Stone Rd, #2-B
Tallahassee, FL 32303*

☐ Delete

Change ☐ Addition ☐

☐ Delete

Change ☐ 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 all other like empowered.

SIGNATURE: *Latrena Shordone - Manager*

8-4-08

850-562-8708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Wilma Clark, President

8-8-08

544-5554