

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770531

FILED  
Jul 20, 2010  
Secretary of State

**Entity Name:** WOOD RIDGE TWO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3968 N MONROE ST  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 180657  
TALLAHASSEE, FL 32318

**New Mailing Address:**

**FEI Number:** 59-2357792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SBORDONE, LEANN  
3968 N. MONROE STREET  
TALLAHASSEE, FL 32303 US

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:

07/20/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HUNTER, LYLES  
Address: 1571 STONE RD, # 12-F  
City-St-Zip: TALLAHASSEE, FL 32303

Title: P  
Name: CLARK, WILMA  
Address: P O BOX 3653  
City-St-Zip: TALLAHASSEE, FL 32315

Title: D  
Name: ASADOURIAN, RICK  
Address: P.O. BOX 71  
City-St-Zip: WOODVILLE, FL 32362

Title: S/T  
Name: LEE, AMANDA  
Address: 1571 STONE ROAD, #2-E  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP  
Name: DALEY, BUCK  
Address: 1571 STONE ROAD, #2-B  
City-St-Zip: TALLAHASSEE, FL 32303

I hereby 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 all other like empowered.

SIGNATURE: LEANN SBORDONE

M

07/20/2010

Electronic Signature of Signing Officer or Director

Date