

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90081 033 ***150.00

DOCUMENT # J22484 1. Entity Name WOODBIDGE MOBILE HOME OWNERS, INC.					
Principal Place of Business 11055 SE FEDERAL HWY #15 HOBE SOUND, FL 33455 US			Mailing Address 1111 SE FEDERAL HWY STE 100 STUART, FL 34994 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01092007 Chg-P CR2E034 (12/06)	
4. FEI Number 59-2664245				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BONAN, ELIZABETH P ESQ. 759 SOUTH FEDERAL HWY, SUITE 212 STUART, FL 34994			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZCY, ROBERT 11055 SE FEDERAL HWY #29 HOBE SOUND, FL 33455	<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	TD PHILLIPS, ELLIOT 11055 SE FEDERAL HWY, #51 HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	NPD KILROY, ROBERT 11055 SE FEDERAL HWY #50 HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WOLFE, WILLIAM 11055 SE FEDERAL HWY #3 HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FULLER, JOAN 11055 SE FEDERAL HWY #54 HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VACCARO, THOMAS 11055 SE FEDERAL HWY #95 HOBE SOUND, FL 33455	<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 FIKE, CHARLES 11055 SE FEDERAL HWY #49 HOBE SOUND, FL 33455	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOAK, JAMUEL 11055 SE FEDERAL HWY # 91 HOBE SOUND, FL 33455
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 607, 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: Thomas Vaccaro Thomas VACCARO 2/28/07					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment

#J22484

A0032892

D

Addition

Kidwell, Betty
11055 SE Federal Hwy # 73
Hobe Sound, FL 33455

D

Addition

Whipps, Ronald
11055 SE Federal Hwy # 39
Hobe Sound, FL 33455

D

Addition

Spinney, Edward
11055 SE Federal Hwy # 96
Hobe Sound, FL 33455