


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90028 006 ***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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-2664245	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, JOHN 11055 SE FEDERAL HWY #12 HOBE SOUND, FL 33455	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KILROY, ROBERT 11055 SE FEDERAL HWY #50 HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PHIPPS, RONALD 11055 SE FEDERAL HWY #39 HOBE SOUND, FL 33455	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FULLER, JOAN 11055 SE FEDERAL HWY #54 HOBE SOUND, FL 33455	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP KIRKPATRICK, PATRICIA 11055 SE FEDERAL HWY #68 HOBE SOUND, FL 33455	<input type="checkbox"/> Change <input checked="" 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	D DOAK, SAMUEL 11055 SE FEDERAL HWY #31 HOBE SOUND, FL 33455	<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 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: <u>John W Brown President</u> <u>1-28-08</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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KIDWELL, DATTY
11055 SE Federal Hwy # 29
Hobe Sound, FL 33455

ATTACHMENT

#40015121

J22484

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PHIPPS, RICHARD
11055 SE Federal Hwy # 39
Hobe Sound, FL 33455

~~A~~ DELETE

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SPINNEY, EDWARD
11055 SE Federal Hwy # 96
Hobe Sound, FL 33455