

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N01000002232</b> 1. Entity Name WOODRIDGE OF SAN ANTONIO HOMEOWNERS' ASSOCIATION, INC.						<b>FILED</b> 07 SEP 19 AM 7:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 32540 LAUREL COURT SAN ANTONIO, FL 33576				Mailing Address P.O. BOX 1247 SAN ANTONIO, FL 33576			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-1118812				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  AUVIL, JONATHAN L 37837 MERIDIAN AVENUE SUITE 314 DADE CITY, FL 33525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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>							
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, DEBRA 12436 OAK ST SAN ANTONIO, FL 33576			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jonathan Garafolo 32540 Laurel CT San Antonio, FL 33576	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DISHMAN, EMILY 12435 OAK ST SAN ANTONIO, FL 33576			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ken Urbuteit 32417 Laurel CT San Antonio FL 33576	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DISANO, MICHELLE 32337 LAUREL CT SAN ANTONIO, FL 33576			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAMANTHA Luloff 12318 Woodridge San Antonio FL 33576	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SARA Spooner 12304 Woodridge PL San Antonio FL 33576		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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.							
<b>SIGNATURE:</b>				Date: 9.14.2007			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							