

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002232

FILED  
Mar 08, 2012  
Secretary of State

**Entity Name:** WOODRIDGE OF SAN ANTONIO HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

12307 WOODRIDGE  
SAN ANTONIO, FL 33576

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 582  
SAN ANTONIO, FL 33576

**New Mailing Address:**

**FEI Number:** 65-1118812

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MURPHY, DAVID J  
14217 3 ST  
DADE CITY, FL 33525 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: EMBERG, RANDALL  
Address: 32348 LAUREL COURT  
City-St-Zip: SAN ANTONIO, FL 33576

Title: V  
Name: MAJESKEY, DIANNE  
Address: 32336 LAUREL COURT  
City-St-Zip: SAN ANTONIO, FL 33576

Title: T  
Name: HALL, EHON  
Address: 12307 WOODRIDGE  
City-St-Zip: SAN ANTONIO, FL 33576

Title: S  
Name: HIGHSMITH, SHEILA  
Address: 12435 OAK STREET  
City-St-Zip: SAN ANTONIO, FL 33576

Title: M  
Name: GREEN, MANDY  
Address: P.O. BOX 546  
City-St-Zip: SAN ANTONIO, FL 33576

Title: M  
Name: URBUTEIT, KENNETH  
Address: 32417 LAUREL COURT  
City-St-Zip: SAN ANTONIO, FL 33576

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: EHON M HALL

T

03/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date