


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90012 040 ****61.25

DOCUMENT # N01000002770					
1. Entity Name WOODBRIDGE HOMEOWNERS ASSOCIATION AT SUNTREE, INC.					
Principal Place of Business 627 SUGARWOOD WAY MELBOURNE, FL 32940			Mailing Address 627 SUGARWOOD WAY MELBOURNE, FL 32940		
2. Principal Place of Business - No P.O. Box # 660 WATERWOOD WAY		3. Mailing Address 660 WATERWOOD WAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MELBOURNE, FL		City & State MELBOURNE, FL		4. FEI Number 59-3719213	
Zip 32940		Country USA		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 BOYD, JOEL E 709 S. HARBOR CITY BLVD. SUITE 230 MELBOURNE, FL 32901			7. Name and Address of New Registered Agent Name: OAS, KATHLEEN Street Address (P.O. Box Number is Not Acceptable): 660 WATERWOOD WAY City: MELBOURNE, FL Zip Code: 32940		
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: <u>Kathleen M. Oas</u> 2-8-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP	NAME GAICH, MICHAEL		TITLE VP	NAME SCHMID, MARILYN	
STREET ADDRESS 672 CANDLEWOOD WAY	CITY-ST-ZIP MELBOURNE, FL 32940		STREET ADDRESS 623 CEDARSIDE WAY	CITY-ST-ZIP MELBOURNE, FL 32940	
TITLE D	NAME OAS, ROBERT H		TITLE D	NAME LUSH, CHRIS	
STREET ADDRESS 660 WATERWOOD WAY	CITY-ST-ZIP MELBOURNE, FL 32940		STREET ADDRESS 625 WOODBRIDGE DR.	CITY-ST-ZIP MELBOURNE, FL 32940	
TITLE S	NAME LINDA, KUPEC		TITLE S	NAME BAERST, TANDY	
STREET ADDRESS 610 WOODBRIDGE DRIVE	CITY-ST-ZIP MELBOURNE, FL 32940		STREET ADDRESS 635 WOODBROOK WAY	CITY-ST-ZIP MELBOURNE, FL 32940	
TITLE T	NAME TUCK, KAY		TITLE 	NAME 	
STREET ADDRESS 630 WOODBROOK WAY	CITY-ST-ZIP MELBOURNE, FL 32940		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME HUTCHENSON, KEVIN		TITLE 	NAME 	
STREET ADDRESS 627 SUGARWOOD WAY	CITY-ST-ZIP MELBOURNE, FL 32940		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME BOYD, JOEL		TITLE P	NAME OAS, KATHLEEN	
STREET ADDRESS 637 WOODBRIDGE DRIVE	CITY-ST-ZIP MELBOURNE, FL 32940		STREET ADDRESS 660 WATERWOOD WAY	CITY-ST-ZIP MELBOURNE, FL 32940	
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.					
SIGNATURE: <u>Kathleen M. Oas</u> 2-8-07 321-259-3521 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					