

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90022 034 ****61.25

DOCUMENT # N02000001504

1. Entity Name

WOODRIDGE OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

CASEY CONDOMINIUM MGMT
4370 S TAMiami TRL 102
SARASOTA FL 34231

Mailing Address

CASEY CONDOMINIUM MGMT
4370 S TAMiami TRL 102
SARASOTA FL 34231



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

02-0635907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASEY CONDOMINIUM MGT, LLC
4370 S TAMiami TRAIL, STE 156
SARASOTA FL 34231

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

Kim Bottaro CAM

4/30/08

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature not used when resigning.)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **POD**
NAME **HYLWA, BRETT** *4259* ☐ Delete
STREET ADDRESS **4328 67TH AVE CIRCLE E**
CITY-STATE-ZIP **SARASOTA FL 34243**

TITLE **VD**
NAME **KORITSAS, CHARLES** ☐ Delete
STREET ADDRESS **4246 67TH AVE CIRCLE E**
CITY-STATE-ZIP **SARASOTA FL 34243**

TITLE **POD**
NAME **SYKES, T. DIANE** ☐ Delete
STREET ADDRESS **4267 67TH AVE CIR E**
CITY-STATE-ZIP **SARASOTA FL 34243**

TITLE **NYgaard SD**
NAME **NUGGARD, MARY** ☐ Delete
STREET ADDRESS **4239 67TH AVE CIRCLE E**
CITY-STATE-ZIP **SARASOTA FL 34243**

TITLE **TD**
NAME **DANIEL, CHARLES** ☐ Delete
STREET ADDRESS **4226 67TH AVE CIRCLE E**
CITY-STATE-ZIP **SARASOTA FL 34243**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, when all other like empowered.

SIGNATURE: *Charles A. Daniel Jr. Treasurer 4/9/08 941-755-0220*