

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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|---|--|--|--|---|--|
| <b>DOCUMENT # N02106</b>  |  |  |  |  |  |
| <b>1. Entity Name</b><br>WOOD RIDGE THREE CONDOMINIUM ASSOCIATION, INC.   |  |  |  |   |  |
| <b>Principal Place of Business</b><br>644 CAPITAL CIRCLE NE<br>TALLAHASSEE, FL 32301  |  |  | <b>Mailing Address</b><br>PO BOX 13089<br>TALLAHASSEE, FL 32317 US   |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>                                      |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |   |  |
| City & State  |  | City & State   |  |   |  |
| Zip   | Country                                    | Zip  | Country  | <b>4. FEI Number</b><br>59-2512213  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>RHINEHART, ROBERT S CAM<br>EXECUTIVE MANAGEMENT SERVICES, INC.<br>644 CAPITAL CIRCLE NE<br>TALLAHASSEE, FL 32301  |  |  | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                           |   |  |
| FL  |  |  | Zip Code   |   |  |
| <b>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.</b><br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE</b> <br/> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <b>3/21/08</b><br/> <small>DATE</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div> |  |  |  |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>   |  | <b>9. Election Campaign Financing</b> <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>  |  |  |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| <b>TITLE</b><br>P<br><b>NAME</b><br>HANSON, KAREN<br><b>STREET ADDRESS</b><br>6095 GASCONY LANE<br><b>CITY-ST-ZIP</b><br>TALLAHASSEE, FL 32309  | <input type="checkbox"/> Delete            |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br>S<br><b>NAME</b><br>MEYI, ELLEN<br><b>STREET ADDRESS</b><br>1571 STONE ROAD, # 7-C<br><b>CITY-ST-ZIP</b><br>TALLAHASSEE, FL 32303   | <input type="checkbox"/> Delete            |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br>M<br><b>NAME</b><br>SHARDONE, LEANN<br><b>STREET ADDRESS</b><br>P.O. BOX 180657<br><b>CITY-ST-ZIP</b><br>TALLAHASSEE, FL 32318  | <input checked="" type="checkbox"/> Delete |  | <b>TITLE</b><br>DIRECTOR<br><b>NAME</b><br>RICK FIELDING<br><b>STREET ADDRESS</b><br>1903 SADDLEBROOK DR<br><b>CITY-ST-ZIP</b><br>TALLAHASSEE FL 32303 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| <b>TITLE</b><br>VP<br><b>NAME</b><br>BOWYER, CAREY<br><b>STREET ADDRESS</b><br>1571 STONE RD-7B<br><b>CITY-ST-ZIP</b><br>TALLAHASSEE, FL 32303  | <input checked="" type="checkbox"/> Delete |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete            |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete            |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>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>  |  |  |  |   |  |
| <b>SIGNATURE:</b> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | <b>3/21/08</b><br><small>Date</small>  |   |  |
| <small>Daytime Phone #</small>  |  |  |  |   |  |