2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 1

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 24, 2007 8:00 am Secretary of State **DOCUMENT # N03688** 08-24-2007 90025 022 ****61.25 WOODBRIDGE AT PEMBROKE LAKES SOUTH HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 11120 SW 13TH ST. C/O D.C.I. 404-2035 HARDING ST #200 PEMBROKE PINES, FL 33025 HOLLYWOOD, FL 33020 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07052007 Chq-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Number 59-2783164 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEVIN, CHERYL Street Address (P.O. Box Number is Not Acceptable) COURTYARD BUSINESS CENTER 4694 NW 103RD AVE SUNRISE, FL 33351 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 Cheryl J. Levin, Esq. SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Filing Fee is \$61.25 . \$5.00 May Be Make check payable to Due by September 14, 2007 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Defete TITLE ☐ Change ☐ Addition TITLE HILLIER, VICKIE NAME NAME STREET ADDRESS 911 SE 109TH AVENUE STREET ADORESS Crty-St-7tP PEMBROKE PINES, FL 33025 CITY-ST-ZIP VPD Delete ☐ Change ☐ Addition TITLE TITLE NAME BARGA, JAMES NAME STREET ADDRESS STREET ADDRESS 1211 SW 112TH AVE. CITY-ST-ZIP PEMBROKE PINES, FL 33025 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Chance WHITING, RONALD A NAME NAME STREET ADDRESS 11120 SW 13TH STREET STREET ADDRESS PEMBROKE PINES, FL 33025 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE D ALLEN, MARGARET NAME STREET ADDRESS STREET ADDRESS 10920SW 13TH ST. CITY-ST-ZIP PEMBROKE PINES, FL 33025 CITY-ST-ZIP Delete Addition TITLE ☐ Change TITLE TD SILK, PATRICIA NAME NAME 440 S W 108TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33025 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE LLOYD, VICTOR D NAME NAME 10810 SW 10TH ST STREET ADDRESS STREET ADDRESS PEMBROKE PINES, FL 33024 CITY-ST-ZIP 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.

FILED