

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2009**  
**Secretary of State**

DOCUMENT# N03688

**Entity Name:** WOODBRIDGE AT PEMBROKE LAKES SOUTH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11120 SW 13TH ST.  
PEMBROKE PINES, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

ASSOCIATION SERVICES OF FLA.  
10112 USA TODAY WAY  
MIRAMAR, FL 33025 US

**New Mailing Address:**

ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
MIRAMAR, FL 33025 US

**FEI Number:** 59-2783164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEVIN, CHERYL  
COURTYARD BUSINESS CENTER  
4694 NW 103RD AVE  
SUNRISE, FL 33351 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: SD ( ) Delete  
Name: HILLIER, VICKIE  
Address: 911 SE 109TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: PD ( ) Delete  
Name: WHITING, RONALD A  
Address: 11120 SW 13TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Delete  
Name: ALLEN, MARGARET  
Address: 10920SW 13TH ST.  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: TD ( ) Delete  
Name: SILK, PATRICIA  
Address: 440 S W 108TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Delete  
Name: LLOYD, VICTOR D  
Address: 10810 SW 10TH ST  
City-St-Zip: PEMBROKE PINES, FL 33024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RONALD WHITING

PRES

03/26/2009

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

\_\_\_\_\_  
Date