

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03688

FILED
Mar 26, 2009
Secretary of State

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