

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 11, 2011
Secretary of State

DOCUMENT# N05000012223

Entity Name: WOODBRIDGE RANCHES HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1495 NORTH PARK DRIVE
WESTON, FL 33326**New Principal Place of Business:**1145 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323**Current Mailing Address:**1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323**New Mailing Address:**1145 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323**FEI Number:** 20-3894279**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**THE LAW OFFICE OF LAWRENCE D. BACHE
9000 WEST SHERIDAN ST.
#174
PEMBROKE PINES, FL 33024 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: PD
Name: ANDRADE, DAVID
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

Title: VPD
Name: AGUIRRE, ALEX
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

Title: T
Name: SAIZ, MAIRA
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

Title: S
Name: SAIZ, MARIA
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

I hereby 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 all other like empowered.

SIGNATURE: DAVID ANDRADE

PD

05/11/2011

Electronic Signature of Signing Officer or Director

Date