

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001363

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** WOODRIDGE AT CARROLLWOOD CONDOMINIUM ASSOCIATION, INC

**Current Principal Place of Business:**

8609 POSTWOOD CIRCLE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

2851 JOHNSTON STREET PMB 550  
LAFAYETTE, LA 70503

**New Mailing Address:**

**FEI Number:** 77-0673773

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSADO, IVONNE  
8609 POSTWOOD CIRCLE  
TAMPA, FL 33614 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:** P,T  
**Name:** BEAULLIEU, PAUL  
**Address:** 2851 JOHNSTON ST PMB 550  
**City-St-Zip:** LAFAYETTE, LA 70503

**Title:** VP  
**Name:** ROSADO, IVONNE  
**Address:** 8609 POSTWOOD CIRCLE  
**City-St-Zip:** TAMPA, FL 33614

**Title:** S  
**Name:** SAGE, KRISTINA  
**Address:** 2851 JOHNSTON ST PMB 550  
**City-St-Zip:** LAFAYETTE, LA 70503

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:** KRISTINA LYNN SAGE

S

04/05/2011

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

\_\_\_\_\_  
Date