

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010426

FILED
Mar 26, 2008
Secretary of State

Entity Name: WOODBRIDGE FOREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11555 CENTRAL PARKWAY
SUITE 1103
JACKSONVILLE, FL 32224

New Principal Place of Business:

11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224

Current Mailing Address:

11555 CENTRAL PARKWAY
SUITE 1103
JACKSONVILLE, FL 32224

New Mailing Address:

11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224

FEI Number: 20-5684430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIRST COAST ASSOCIATION MANAGEMENT, LLC
11555 CENTRAL PARKWAY
SUITE 1103
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

FIRST COAST ASSOCIATION MANAGEMENT, LLC
11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224 US

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: MARGARET STOREY

03/26/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PEARLMUTTER, CARRIE
Address: 10475 FORTUNE PARKWAY SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Delete
Name: BUCKLEY, WILLIAM
Address: 10475 FORTUNE PARKWAY SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: S/T () Delete
Name: HUEY, VIKKI
Address: 10475 FORTUNE PARKWAY SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: R/A (X) Delete
Name: DEKLE, JOHN T
Address: 10475 FORTUNE PARKWAY SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: GOWENS, DARREN
Address: 10475 FORTUNE PARKWAY SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: S/T (X) Change () Addition
Name: MUSTON, BRAD
Address: 10475 FORTUNE PARKWAY SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256

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: MARGARET STOREY

CFO

03/26/2008

Electronic Signature of Signing Officer or Director

Date