

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16536

FILED
Apr 16, 2007
Secretary of State

Entity Name: WOODBRIDGE AT COUNTRY CREEK, INC.

Current Principal Place of Business:

2180 W SR 434, SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434, SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2773786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W., JR.
2180 W SR 434, SUITE 5000
LONGWOOD, FL 32779 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 () Delete
Name: KING, NANCY J
Address: 1180 WOODLAND TERRACE TRL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD () Delete
Name: SWEENEY, MADELINE
Address: 1124 BENT BIRCH CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: ROBERTS, JEANNIE
Address: 1115 GOLDEN CYPRESS CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TD () Delete
Name: HUNGERFORD, CORRIE
Address: 10008 BEAR LAKE RD
City-St-Zip: APOKA, FL 32703

Title: VPD () Delete
Name: TURKINGTON, LAURA
Address: 1128 BENT BIRCH CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: WILDMAN, LINDA
Address: 1130 BENT BIRCH CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SWEENEY, MADELINE
Address: 1124 BENT BIRCH CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD (X) Change () Addition
Name: HANDLEY, MARY L
Address: 1158 JUNIPER CREEK CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Change () Addition
Name: GOERLER, PATTI
Address: 1120 GOLDEN CYPRESS CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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 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: NANCY J KING

PD

04/16/2007

Electronic Signature of Signing Officer or Director

Date