

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16536

FILED
Apr 06, 2009
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:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: JAMES W HART JR

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPTD () Delete
Name: KING, JANE
Address: 1180 WOODLAND TERRACE TRL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

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

Title: D () Delete
Name: GARCIA, DAVID
Address: 1112 GOLDEN CYPRESS CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

Title: D () Delete
Name: MEADE, STEPHEN
Address: 1135 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: () 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: LAURA TURKINGTON

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date