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Mar 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16891

1. Corporation Name
WOODBIDGE ON THE GREEN HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business C/O PAMELA M. ROBB 1311 S. VINELAND RD. WINTER GARDEN FL 34787	Mailing Address C/O PAMELA M. ROBB 1311 S. VINELAND RD. WINTER GARDEN FL 34787
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2. Principal Place of Business 21 c/o ATTWOOD-PHILLIPS INC Suite, Apt. #, etc. 22 PO BOX 1208 City & State 23 WINTER PARK FL Zip 24 32790 Country 25 USA	2a. Mailing Address 26 c/o ATTWOOD-PHILLIPS INC Suite, Apt. #, etc. 27 PO BOX 1208 City & State 28 WINTER PARK FL Zip 29 32790 Country 30 USA	3. Date Incorporated or Qualified 09/19/1986	4. FEI Number 59-2731537	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent ROBB, PAMELA M. 1311 S. VINELAND RD WINTER GARDEN FL 34786	10. Name and Address of New Registered Agent 81 Name ATTWOOD-PHILLIPS INC 82 Street Address (P.O. Box Number is Not Acceptable) 1350 S ORANGE AVE 83 SUITE 100 84 City WINTER PARK FL 85 Zip Code 32789
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Roger V. Phillips* (NOTE: Registered Agent signature required when reinstating) DATE *3/12/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD DAVIS, ROBERT A. 1311 S. VINELAND RD. WINTER GARDEN FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WINTER GARDEN FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, ROBERT A. 1311 S. VINELAND RD. WINTER GARDEN FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VSTD GILLI, HARRY R. 1311 S VINELAND RD WINTER GARDEN FL 34787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBB, PAMELA M 1311 S. VINELAND RD. WINTER GARDEN FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WINTER GARDEN FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roger V. Phillips* SIGNATURE REQUIRED *Roger V. Phillips* 2/2/99 407-656-5599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)