


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90087 029 ****61.25

DOCUMENT # N16891					
1. Entity Name WOODBIDGE ON THE GREEN HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O ATTWOOD-PHILIPS INC P.O. BOX 1208 WINTER PARK, FL 32790 US			Mailing Address C/O ATTWOOD-PHILIPS INC P.O. BOX 1208 WINTER PARK, FL 32790 US		
2. Principal Place of Business 1350 Orange Ave		3. Mailing Address 1350 Orange Ave			
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100			
City & State Winter Park FL		City & State Winter Park FL		4. FEI Number 59-2731537	
Zip 32789		Country USA		5. Certificate of Status Desired <input type="checkbox"/> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ATTWOOD-PHILLIPS INC 1350 S. ORANCE AVE ST 100 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KNOWLES, BRENDA	NAME			
STREET ADDRESS	14003 FAIRWAY WILLOW LANE	STREET ADDRESS			
CITY-ST-ZIP	WINTER GARDEN, FL 34787	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOOD, RAY	NAME			
STREET ADDRESS	4126 WILLOW BAY DR	STREET ADDRESS			
CITY-ST-ZIP	WINTER GARDEN, FL 34787	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUTCH, HEWITT	NAME			
STREET ADDRESS	4253 WILLOW BAY DR	STREET ADDRESS			
CITY-ST-ZIP	WINTER GARDEN, FL 34787	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MARTIN, GINGER	NAME	Davis, Sallye		
STREET ADDRESS	14051 FAIRWAY WILLOW LANE	STREET ADDRESS	4008 Willow Bay Dr		
CITY-ST-ZIP	WINTER GARDEN, FL 34787	CITY-ST-ZIP	Winter Garden FL 34787		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANKS, JOHN	NAME			
STREET ADDRESS	14037 FAIRWAY WILLOW LANE	STREET ADDRESS			
CITY-ST-ZIP	WINTER GARDEN, FL 34787	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Brenda Knowles</u>		Date: <u>4-4-04</u>		Daytime Phone #: <u>407-652-6775</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Brenda Knowles