


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90038 015 ****61.25

DOCUMENT # N16891

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



Principal Place of Business
**C/O ATTWOOD-PHILLIPS INC
 1350 ORANGE AVE STE 100
 WINTER PARK, FL 32789 US**

Mailing Address
**C/O ATTWOOD-PHILLIPS INC
 1350 ORANGE AVE STE 100
 WINTER PARK, FL 32789 US**

40071306



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03312008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2731537

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GASPERONI & FLETCHER
 156 S CHARLES RICHARD BEALL BLVD STE 2
 DEBARY, FL 32713**

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 *Brenda Knowles* DATE **4-13-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$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
NAME	KNOWLES, BRENDA	
STREET ADDRESS	14003 FAIRWAY WILLOW LN	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WOOD, RAY	
STREET ADDRESS	4126 WILLOW BAY DR	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BUTCH, HEWITT	
STREET ADDRESS	4253 WILLOW BAY DR	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, SALLYE	
STREET ADDRESS	4008 WILLOW BAY DR	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKS, JOHN	
STREET ADDRESS	14037 FAIRWAY WILLOW LN	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Brenda Knowles* DATE: **4-13-08** DAYTIME PHONE #: **407-496-3428**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brenda Knowles