

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22907

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: WOODRIDGE HOA, INC.

**Current Principal Place of Business:**

BETWEEN SR 54 & COUNTY LINE RD  
LUTZ, FL 33559 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4  
LUTZ, FL 33548 US

**New Mailing Address:**

FEI Number: 59-3255288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TURNER, SHARON  
23709 OAKSIDE BLVD  
LUTZ, FL 33559 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: PRES ( ) Delete  
Name: SLATER, AGGIE  
Address: 23625 OAKSIDE BOULEVARD  
City-St-Zip: LUTZ, FL 33559 US

Title: VP ( ) Delete  
Name: MATTOX, TODD  
Address: 23724 OAKSIDE BOULEVARD  
City-St-Zip: LUTZ, FL 33559 US

Title: S/T ( ) Delete  
Name: TURNER, SHARON  
Address: 23709 OAKSIDE BOULEVARD  
City-St-Zip: LUTZ, FL 33559

Title: MAIN ( ) Delete  
Name: GUERETTE, BOB  
Address: 23733 OAKSIDE BLVD  
City-St-Zip: LUTZ, FL 33559

Title: ARB ( ) Delete  
Name: WINSTEAD, ED  
Address: 1661 WOODRIDGE CT  
City-St-Zip: LUTZ, FL 33559

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: ALTONAGA, ISIS  
Address: 23709 OAKSIDE BOULEVARD  
City-St-Zip: LUTZ, FL 33559 US

Title: VP (X) Change ( ) Addition  
Name: WINSTEAD, ED  
Address: 1661 WOODRIDGE COURT  
City-St-Zip: LUTZ, FL 33559 US

Title: SEC (X) Change ( ) Addition  
Name: MATTOX, TODD  
Address: 23724 OAKSIDE BOULEVARD  
City-St-Zip: LUTZ, FL 33559

Title: TREA (X) Change ( ) Addition  
Name: TURNER, SHARON  
Address: 23709 OAKSIDE BLVD  
City-St-Zip: LUTZ, FL 33559

Title: MAIN (X) Change ( ) Addition  
Name: MILLS, COLLEEN  
Address: 1718 WOODPOND WAY  
City-St-Zip: LUTZ, FL 33559

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: SHARON TURNER

TREA

02/12/2009

Electronic Signature of Signing Officer or Director

Date