

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36328** (5)  
1. Corporation Name  
**WOODBIDGE II HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>3145 W. ORANGE COUNTRY CLUB ROAD WINTER GARDEN FL 34787</b>	Mailing Address <b>3145 W. ORANGE COUNTRY CLUB ROAD WINTER GARDEN FL 34787-5304</b>
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3. Date Incorporated or Qualified <b>01/29/1990</b>	3a. Date of Last Report <b>08/12/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	4. FEI Number <b>59-3017483</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAKER, LYMAN**  
**3145 W. ORANGE COUNTRY CLUB ROAD**  
**WINTER GARDEN FL 34787**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	TALLON, GREG	1.2 NAME	Tallon (spelling)
STREET ADDRESS	238 LAKE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	BAKER, LYMAN	2.2 NAME	
STREET ADDRESS	3145 W. ORANGE COUNTRY CLUB ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	EAYRS, AL	3.2 NAME	
STREET ADDRESS	3225 W. ORANGE COUNTRY CLUB ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	Deshek, Charles
STREET ADDRESS		4.3 STREET ADDRESS	701 Saxby Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando, FL 32825
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Lyman P. Deshek* 1-16-97 407 656-0312  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070625

CR2E037 (9/96)