

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90052 012 \*\*\*\*61.25

<b>DOCUMENT # N36328</b>	
1. Entity Name WOODBIDGE II HOMEOWNERS' ASSOCIATION, INC.	



40047553

Principal Place of Business 3145 W. ORANGE COUNTRY CLUB ROAD WINTER GARDEN, FL 34787	Mailing Address 3145 W. ORANGE COUNTRY CLUB ROAD WINTER GARDEN, FL 34787
--	--



2. Principal Place of Business 3105 W. Orange CCDr	3. Mailing Address 3105 W. Orange CCDr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02072005 Chg-NP CR2E037 (10/03)

City & State Winter Garden, FL	City & State Winter Garden, FL
Zip 34787	Country USA
Zip 34787	Country USA

4. FEI Number 59-3017483	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent BAKER, LYMAN 3145 W. ORANGE COUNTRY CLUB ROAD WINTER GARDEN, FL 34787	
--	--

7. Name and Address of New Registered Agent Name: Greg Taillon Street Address (P.O. Box Number is Not Acceptable): 3105 W. Orange Country Club Dr. City: Winter Garden FL Zip Code: 34787	
--	--

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: <i>[Signature]</i>	DATE: 3/24/05
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2005	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 NAME STREET ADDRESS CITY-ST-ZIP	PD TAILLON, GREG 3105 W ORANGE COUNTRY CLUB DR WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BAKER, LYMAN 3145 W. ORANGE COUNTRY CLUB ROAD WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPPAS, DEANNE L 3225 W. ORANGE COUNTRY CLUB ROAD DRIVE WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPPAS, DEANNE L PAPPAS SHONA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PESHEK, CHARLES 701 SAXBY AVE ORLANDO, FL 32825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GATTI, CARL L 3113 W. ORANGE COUNTRY CLUB DR WINTER GARDEN, FL 34787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, RUCCELL 3203 W ORANGE COUNTRY CLUB DR WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLACK, RUSSELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>[Signature]</i>	3/24/05	407 877 0246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #