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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39069

1. Corporation Name

WOODRIDGE ESTATES NORTH SIXTY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

C/O JOSEPH J. MOTOLA
7317 ASHMORE DR.
NEW PORT RICHEY FL 34653

Mailing Address

C/O JOSEPH J. MOTOLA
7317 ASHMORE DR.
NEW PORT RICHEY FL 34653



2. Principal Place of Business

21 **THOMAS A RIMOS II**

Suite, Apt. #, etc.

22 **7215 SKYVIEW AVE**

City & State

23 **New Port Richey FL**

Zip

24 **34653**

Country

2a. Mailing Address **WOODRIDGE ESTATES**

26 **NO 60" Homeowners Association Inc.**

Suite, Apt. #, etc.

27 **P.O. Box 1780**

City & State

28 **New Port Richey FL**

Zip

29 **34656**

Country

3. Date Incorporated or Qualified

07/10/1990

4. FEI Number

59-3050365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MOTOLA, JOSEPH J
7317 ASHMORE DR.
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name **THOMAS A RIMOS II**

82 Street Address (P.O. Box Number is Not Acceptable)

7215 SKYVIEW AVE

New Port Richey

City

FL

85 Zip Code

34653

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 **Thomas A Rimos II** **THOMAS A RIMOS II**

1-5-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE

NAME **MOTOLA, JOSEPH J**

STREET ADDRESS **7317 ASHMORE DR.**

CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **VPD** ☐ DELETE

NAME **DONNA MADSEN**

STREET ADDRESS **7221 ASHMORE DR.**

CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **STD** ☒ DELETE

NAME **CONNORS, MAVIS**

STREET ADDRESS **7308 ASHMORE DR**

CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PRESIDENT

THOMAS A RIMOS II

7215 SKYVIEW AVE

NEW PORT RICHEY FL 34653

TREASURER

TONY HOLBROOK

7435 ASHMORE DR

NEW PORT RICHEY FL 34653

SECRETARY

FRANK TERRY

7320 SKYVIEW AVE

NEW PORT RICHEY FL 34653

14. 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 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, with all other like empowered.

SIGNATURE: **THOMAS A RIMOS II** **THOMAS A RIMOS II** **1-5-99** **849-3977**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)