NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 02

FILED

02 JUL -5 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N39069

1. Entity Name Woodridge Estates North Sixty Homeowners Association, Inc.

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2. Principal Place of Business	3. Mailing Address
Seaboard Arbors	Seaboard Arbors
Suite, Apt. #, etc. 5313 Locust Place	Suite, Apt. #, etc. 5313 Locust Place
City & State New Port Richey, FL	City & State New Port Richey, FL
Zip 34652 Country USA	Zip 34652 Country USA

4. FEI Number 593050365 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name Steven H. Mezer

Street Address (P.O. Box Number is Not Acceptable) 220 South Franklin St.

City Tampa FL Zip Code 33602

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.

SIGNATURE Steven H. Mezer 6/10/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	President (P) (D)
NAME	Vincent Digregorio
STREET ADDRESS	7421 Ashmore Dr.
CITY-ST-ZIP	New Port Richey, FL 34653
TITLE	Vice President (V) (D)
NAME	Dave Akeley
STREET ADDRESS	7221 Skyview Ave
CITY-ST-ZIP	New Port Richey, FL 34653
TITLE	Secretary (S) (D)
NAME	Darren Porter
STREET ADDRESS	7323 Ashmore Dr.
CITY-ST-ZIP	New Port Richey, FL 34653
TITLE	Treasurer (T) (D)
NAME	Mac Donald
STREET ADDRESS	7234 Ashmore Dr.
CITY-ST-ZIP	New Port Richey, FL 34653
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Vincent Digregorio 6/10/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

05 7/5/02