

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90299 020 ****61.25

DOCUMENT # N39069	
1. Entity Name WOODRIDGE ESTATES NORTH SIXTY HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 11235 OSCEOLA DRIVE NEW PORT RICHEY, FL 34654	Mailing Address P.O. BOX 1407 NEW PORT RICHEY, FL 34656
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04112005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3050365	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MYSZKOWIAK, MARY ANN 11235 OSCEOLA DRIVE NEW PORT RICHEY, FL 34654	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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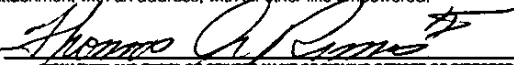
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIMOS, TOM 7215 SKYVIEW AVE. NEW PORT RICHEY, FL 34653 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PORTER, DARIN 7343 ASMORE DR. NEW PORT RICHEY, FL 34653 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODES, RICK 7235 ASMORE DR. NEW PORT RICHEY, FL 34653 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHAW, TODD 7300 SKYVIEW AVE. NEW PORT RICHEY, FL 34653 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Harvey Muir 7328 Skyview New Port Richey FL 34653 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEGNA, ROSALEA 6834 VENTURA DR. NEW PORT RICHEY, FL 34653 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VADNAIS, NORM 7229 ASHMORE DR. NEW PORT RICHEY, FL 34653 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sal Falco 7351 Ashmore Dr New Port Richey FL 34653 ☒ Change ☐ 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: 	4-11-05 727-849-3977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #