


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90255 014 ****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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50018937



2. Principal Place of Business 6710 Embassy Blvd Suite, Apt. #, etc. 204	3. Mailing Address PO Box 1407 Suite, Apt. #, etc.
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04092006 Chg-NP CR2E037 (11/05)

City & State Port Richey FL	City & State Port Richey FL	4. FEI Number 59-3050365	Applied For <input type="checkbox"/> Not Applicable
Zip 34668	Country Pasco	Zip 34673	Country Pasco

5. Certificate of Status Desired <input type="checkbox"/>	\$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	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	6710 Embassy Blvd. #204
City	Port Richey FL
Zip Code	34668

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIMOS, TOM 7215 SKYVIEW AVE. NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PORTER, DARIN 7343 ASMORE DR. NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODES, RICK 7235 ASMORE DR. NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MUIR, HARVEY 7328 SKYVIEW NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEGNA, ROSALEA 6834 VENTURA DR. NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALCO, SAL 7351 ASHMORE DR NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Laurie May PO Box 903 New Port Richey FL 34656 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06

Date

Daytime Phone #