

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90205 034 \*\*\*\*61.25

<b>DOCUMENT # N39069</b> 1. Entity Name <b>WOODRIDGE ESTATES NORTH SIXTY HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>6710 EMBASSY BLVD 204 PORT RICHEY, FL 34668</b>			Mailing Address <b>6710 EMBASSY BLVD 204 PORT RICHEY, FL 34668</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-3050365</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>MYSZKOWIAK, MARY ANN 6710 EMBASSY BLVD 204 PORT RICHEY, FL 34668</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIMOS, TOM 7215 SKYVIEW AVE. NEW PORT RICHEY, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PORTER, DARIN 7343 ASMORE DR. NEW PORT RICHEY, FL 34653		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 RHODES, RICK 7235 ASMORE DR. NEW PORT RICHEY, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAY, LAURIE P.O. BOX 903 NEW PORT RICHEY, FL 34656		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rhonda Poole 7349 Fairwood New Port Richey FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEGNA, ROSALEA 6834 VENTURA DR. NEW PORT RICHEY, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALCO, SAL 7351 ASHMORE DR NEW PORT RICHEY, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Harvey Muir 7328 Skyview New Port Richey FL	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-9-07      727-859-9734 <small>Date      Daytime Phone #</small>		