

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90012 011 \*\*\*\*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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-3050365</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MYSZKOWIAK, MARY ANN 6710 EMBASSY BLVD 204 PORT RICHEY, FL 34668</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RIMOS, TOM</b>		NAME		
STREET ADDRESS	<b>7215 SKYVIEW AVE.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34653</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PORTER, DARIN</b>		NAME		
STREET ADDRESS	<b>7343 ASMORE DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34653</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RHODES, RICK</b>		NAME		
STREET ADDRESS	<b>7235 ASMORE DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34653</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>POOLE, RHONDA</b>		NAME	<b>VPD</b>	
STREET ADDRESS	<b>7349 FAIRWOOD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34656</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MEGNA, ROSALEA</b>		NAME	<b>TD</b>	
STREET ADDRESS	<b>6834 VENTURA DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34653</b>		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MUIR, HARVEY</b>		NAME	<b>Ken ECKMAN</b>	
STREET ADDRESS	<b>7328 SKYVIEW</b>		STREET ADDRESS	<b>7322 FAIRWOOD AVE.</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34653</b>		CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	
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.					
<b>SIGNATURE:</b>			2/1/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

727-859-9734