

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90436 027 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3050365**

Applied For

Not Applicable

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

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

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIGREGORIO, VINCENT 7421 ASHMORE DR NEW PORT RICHEY FL 34653	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AKELEY, DAVE 7221 SKYVIEW AVE NEW PORT RICHEY FL 34653	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PORTOR, DARREN 7323 ASHMORE DR NEW PORT RICHEY FL 34653	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DONALD, MAC 7234 ASHMORE DR NEW PORT RICHEY FL 34653	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tom Rimos 7215 Skyview Ave New Port Richey FL 34653	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Ken May PO. Box 903 New Port Richey FL 34656	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Walter Bowsre 6814 Ventura Dr New Port Richey FL 34653	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Todd Shaw 7300 Skyview Ave New Port Richey FL 34653	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rosalea Megna 6834 Ventura Dr New Port Richey FL 34653	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Norm Vadnais 7229 Ashmore Dr New Port Richey FL 34653	☐ Change ☒ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIG: Todd Shaw

02/25/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR