

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39854

FILED  
Jan 20, 2005  
Secretary of State

**Entity Name:** WOODRIDGE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

4880 WINTON CIRCLE  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

4880 WINTON CIRCLE  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 20-1217442

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARRETT, WINTON  
4880 WINTON CIRCLE  
ST. AUGUSTINE, FL 32086 US

**Name and Address of New Registered Agent:**

GARRETT, WINTON JR.  
4880 WINTON CIRCLE  
ST. AUGUSTINE, FL 32086 US

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.

SIGNATURE: WINTON GARRETT JR.

01/20/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVP ( ) Delete  
Name: GARRETT, WINTON  
Address: 4880 WINTON CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: ST ( ) Delete  
Name: TIWIN, MALINDA  
Address: 4880 WINTON CIRCLE  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D ( ) Delete  
Name: GARRETT, EUGENE THOMAS  
Address: 6990 SARTORI AVE  
City-St-Zip: PALM BAY, FL 32909

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GARRETT, WINTON JR.  
Address: 4880 WINTON CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: ST (X) Change ( ) Addition  
Name: IRWIN, MALINDA  
Address: 4880 WINTON CIRCLE  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: GARRETT, BRYAN W  
Address: 4880 WINTON CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WINTON GARRETT JR.

P

01/20/2005

Electronic Signature of Signing Officer or Director

Date