


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90168 004 ****61.25

DOCUMENT # N40369			
1. Entity Name WOODBIDGE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1953 WOODBRIDGE DR PENSACOLA FL 32514 US		Mailing Address P O BOX 11361 PENSACOLA FL 32514 US	
2. Principal Place of Business 1961 WOODBRIDGE DR		3. Mailing Address PO BOX 11361	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PENSACOLA FL 32514		City & State PENSACOLA FL	
Zip 32514	Country US	Zip 32524-1361	Country US



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3038134		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent SCHULTZ, KIRK 9708 SHADOW WOOD CIRCLE PENSACOLA FL 32514		7. Name and Address of New Registered Agent Name VERBONCOEUR, WILLIAM-L Street Address (P.O. Box Number is Not Acceptable) 1925 WOODBRIDGE DR City PENSACOLA FL Zip Code 32514	
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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  **WILLIAM L. VERBONCOEUR, PRESIDENT** **March 2, 2005**
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
Due By May 1, 2005**

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 SCHULTZ, KIRK 9708 SHADOW WOOD DR PENSACOLA FL 32514 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERBONCOEUR, WILLIAM L 1925 WOODBRIDGE DR PENSACOLA FL 32514 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEPPER, TODD 1953 WOOD BRIDGE DR PENSACOLA FL 32514 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEPULVEDA, BENNY R 1961 WOODBRIDGE DR PENSACOLA FL 32514 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ENGLANDER, OWEN 1938 WOOD BRIDGE DR PENSACOLA FL 32514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 PENSACOLA FL 32514 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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 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  **WILLIAM L. VERBONCOEUR, PRESIDENT** **March 2 2005**
Signature and typed or printed name of signing officer or director Date Daytime Phone # **850-475-5849**