


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90267 022 ****61.25

DOCUMENT # N40369 1. Entity Name WOODBIDGE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1961 WOODBRIDGE DR PENSACOLA, FL 32514 US		Mailing Address P O BOX 11361 PENSACOLA, FL 32514 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 11361 Suite, Apt. #, etc.	
City & State Zip		City & State PENSACOLA, FL Zip 32514-1361	
Country U.S.		4. FEI Number 59-3038134	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent VERBONCOEUR, WILLIAM L 1925 WOODBRIDGE DR PENSACOLA, FL 32514		7. Name and Address of New Registered Agent Name Williams, Steven Street Address (P.O. Box Number is Not Acceptable) 1953 Woodbridge Drive City PENSACOLA FL 32514	
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 <i>Steven J Williams</i> Steven J Williams 1/12/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$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 VERBONCOEUR, WILLIAM L 1925 WOODBRIDGE DR PENSACOLA, FL 32514	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Williams, Steven 1953 Woodbridge Drive Pensacola, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEPULVEDA, BENNY 1961 WOODBRIDGE DR PENSACOLA, FL 32514	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Andy Gyan 9817 Bridgewood Ln Pensacola, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ENGLANDER, OWEN 1938 WOOD BRIDGE DR PENSACOLA, FL 32514	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Andy Gyan 9817 Bridgewood Ln Pensacola, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ENGLANDER, OWEN 1938 WOOD BRIDGE DR PENSACOLA, FL 32514	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Andy Gyan 9817 Bridgewood Ln Pensacola, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ENGLANDER, OWEN 1938 WOOD BRIDGE DR PENSACOLA, FL 32514	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Andy Gyan 9817 Bridgewood Ln Pensacola, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ENGLANDER, OWEN 1938 WOOD BRIDGE DR PENSACOLA, FL 32514	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Andy Gyan 9817 Bridgewood Ln Pensacola, FL 32514
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.			
SIGNATURE: <i>Steven J Williams</i> Steven J Williams 1/12/06 850.476.6773 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			