


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N40369 1. Entity Name WOODBRIIDGE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1961 WOODBRIDGE DR PENSACOLA, FL 32514 US	Mailing Address P O BOX 11361 PENSACOLA, FL 32524-3611 US
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02032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FBI 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 WILLIAMS, STEVEN 1953 WOODBRIDGE DR PENSACOLA, FL 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: _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when amending) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEPULVEDA, BENNY 1961 WOODBRIDGE DR PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, STEVEN 1953 WOODBRIDGE DR PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUYAN, ANDY 9817 BRIDGEWOOD LN PENSACOLA, FL 32514
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000642173 03/01/07-80030-023 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Steven J Williams **Steven J Williams** 2/14/07 850.475.2540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #