2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State
03-13-2006 90076 003 ****61.25

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1. Entity Name
WOODBRIDGE AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
101 PARK PLACE BLVD SUTIE 2 KISSIMMEE, FL 34741 US	101 PARK PLACE BLVD SUTIE 2 KISSIMMEE, FL 34741 US

90029724

01302006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3290738 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARENA, DOROTHY
ASSOCIATION MANAGEMENT GROUP OF CENTRAL FL
101 PARK PLACE BLVD STE 2
KISSIMMEE, FL 34741

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

Filing Fee is $61.25
Due by May 1, 2006

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	D MATOS, PHOEBE 3271 HILDALGO DR ORLANDO, FL 32812	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Cruz, Juan 1866 Bridgeview Circle Orlando, FL 32824	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HALTIWANGER, MILDRED 1608 BRIDGEVIEW CR ORLANDO, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Haltiwanger, Mildred 1608 Bridgeview Circle Orlando, FL 32824	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CRUZ, JUAN 1866 BRIDGEVIEW CIR ORLANDO, FL 32824	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS Matos, Phoebe 3271 Hildago Drive Orlando, FL 32812	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DOMENECH, VIRGINIA 1603 BRIDGEVIEW CIR ORLANDO, FL 32824	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Casale, Chuck 1627 Bridgeview Circle Orlando, FL 32824	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOMENECH, EDWARD 1603 BRIDGEVIEW CIRCLE ORLANDO, FL 32824	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cruz, Josephine 1866 Bridgeview Circle Orlando, FL 32824	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Matos, Lazaro 3271 Hidalgo Drive Orlando, FL 32824	☐ Change ☑ Addition

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: _____ 3/2/06 (407)857-0279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #