

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005141

FILED  
Mar 12, 2009  
Secretary of State

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

## Current Principal Place of Business:

101 PARK PLACE BLVD  
SUTIE 2  
KISSIMMEE, FL 34741 US

## New Principal Place of Business:

## Current Mailing Address:

101 PARK PLACE BLVD  
SUTIE 2  
KISSIMMEE, FL 34741 US

## New Mailing Address:

FEI Number: 59-3290738

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

LUDLAM, LESLIE  
ASSOCIATION MANAGEMENT GROUP OF CENTRAL FL  
101 PARK PLACE BLVD STE 2  
KISSIMMEE, FL 34741 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: LESLIE LUDLAM

03/12/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VP (X) Delete  
Name: LETTSOME, ELCENA  
Address: 1612 BRIDGEVIEW CIRCLE  
City-St-Zip: ORLANDO, FL 32824

Title: P ( ) Delete  
Name: HALTIWANGER, MILDRED  
Address: 1608 BRIDGEVIEW CR  
City-St-Zip: ORLANDO, FL 32824

Title: T ( ) Delete  
Name: MATOS, PHOEBE  
Address: 3271 HILDAGO DR  
City-St-Zip: ORLANDO, FL 32812

Title: S ( ) Delete  
Name: MATOS, LAZARO  
Address: 3271 HILDALGO DR  
City-St-Zip: ORLANDO, FL 32824

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: HALTIWANGER, MILDRED  
Address: 1608 BRIDGEVIEW CR  
City-St-Zip: ORLANDO, FL 32824

Title: P (X) Change ( ) Addition  
Name: MATOS, PHOEBE  
Address: 3271 HILDAGO DR  
City-St-Zip: ORLANDO, FL 32812

Title: ST (X) Change ( ) Addition  
Name: MATOS, LAZARO  
Address: 3271 HILDALGO DR  
City-St-Zip: ORLANDO, FL 32824

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PHOEBE MATOS

P

03/12/2009

Electronic Signature of Signing Officer or Director

Date