


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90322 003 \*\*\*\*61.25

<b>DOCUMENT # N96000004305</b> 1. Entity Name <b>WOODBURY PARK HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>118 N. WYMORE ROAD</b> <b>WINTER PARK, FL 32789</b> US		Mailing Address <b>118 N. WYMORE ROAD</b> <b>WINTER PARK, FL 32789</b> US	
2. Principal Place of Business - No P.O. Box # <b>C/O HARA Management, Inc.</b>		3. Mailing Address <b>C/O HARA Management, Inc.</b>	
Suite, Apt. #, etc. <b>931 S. SEMORAN Blvd #214</b>		Suite, Apt. #, etc. <b>931 S. SEMORAN Blvd #214</b>	
City & State <b>Winter Park FL</b>		City & State <b>Winter Park FL</b>	
Zip <b>32792</b>		Zip <b>32792</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>59-3434025</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HARA, ROBERT</b> <b>% HARA MANAGEMENT, INC.</b> <b>118 N. WYMORE ROAD</b> <b>WINTER PARK, FL 32789</b>		7. Name and Address of New Registered Agent  Name <b>HARA Robert</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O HARA MANAGEMENT, INC.</b> <b>931 S. SEMORAN Blvd. #214</b> City <b>Winter Park</b> <b>FL</b> Zip Code <b>32789</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KENDRICK, TIFFANEY 12609 PARKBURY DRIVE ORLANDO, FL 32828 <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	PD SANTIAGO, LUIS 12605 PARKBURY DRIVE ORLANDO, FL 32828 <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	TD REINBECK, RANDY 12746 PARKBURY DRIVE ORLANDO, FL 32828 <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	SD TYSON, MICHELLE 12727 PARKBURY DR ORLANDO, FL 32828 <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	D DEJESUS, MILDRED 12613 PARKBURY DRIVE ORLANDO, FL 32828 <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 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.			
<b>SIGNATURE:</b> <u>Tiffany Kendrick</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/23/08</u> <u>407-529-6854</u> <small>Date Daytime Phone #</small>	