

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000763

FILED
Apr 28, 2008
Secretary of State

Entity Name: WOODRIDGE PHASE IIA HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3472631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPECIALTY MANAGEMENT CO
882 JACKSON AVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

MALCOM, THOMAS D
882 JACKSON AVE
WINTER PARK, FL 32789 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: THOMAS D. MALCOM

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ATKINS, ANGELA
Address: 1045 WOODFLOWER WAY
City-St-Zip: CLERMONT, FL 34711

Title: VP () Delete
Name: SEELMEYER, MIKE
Address: 1123 WOODFLOWER WAY
City-St-Zip: CLERMONT, FL 34711

Title: ST () Delete
Name: ANDERSON, SUE
Address: 1110 WOODFLOWER WAY
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ANGELA ATKINS

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date