2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

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Entity Name: VILLAS OF WOODBRIDGE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3463521 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: BHUTTA, AHMED
Address: 9858 GINGERWOOD DR.
City-St-Zip: TAMPA, FL 33624

Title: SD ( ) Delete
Name: COCHRAN, CATHY
Address: 9851 GINGERWOOD DR
City-St-Zip: TAMPA, FL 33626

Title: D ( ) Delete
Name: HIBBLER, MARGARET
Address: 9848 GINGERWOOD DR
City-St-Zip: TAMPA, FL 33626

Title: P (X) Delete
Name: ELLEFSON, TOM
Address: 9819 GINGERWOOD DRIVE
City-St-Zip: TAMPA, FL 33626

Title: VP (X) Delete
Name: KANIK, PHYLLIS
Address: 9855 GINGERWOOD DR
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MURPHY, JUDY
Address: 9852 GINGERWOOD DR.
City-St-Zip: TAMPA, FL 33624

Title: VPD (X) Change ( ) Addition
Name: RESNICK, JUDY
Address: 9853 GINGERWOOD DR
City-St-Zip: TAMPA, FL 33626

Title: TD (X) Change ( ) Addition
Name: STRATIGAKOS, LOUIS
Address: 9809 GINGERWOOD DR
City-St-Zip: TAMPA, FL 33626

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: JUDY MURPHY PD 04/08/2008

Electronic Signature of Signing Officer or Director — Date