2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State
05-02-2006 90149 004 ****61.25

DOCUMENT # N98000003175

1. Entity Name
WOODRIDGE SOUTH HOMEOWNERS' ASSOCIATION, INC.

66019358

Principal Place of Business	Mailing Address
7319 JULIAN STREET NEW PORT RICHEY, FL 34653	C/O COASTAL MGMT P O BOX 1407 NEW PORT RICHEY, FL 34656

04232006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Coastal Mgt.	P.O. Box 1407
Suite, Apt. #, etc.: 6710 Embassy Blvd. St.204	Suite, Apt. #, etc.
City & State: Port Richey, FL	City & State: Port Richey, FL
Zip: 34668 Country: US	Zip: 34673 Country: US

4. FEI Number: 59-3683689 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MYSZKOWIAK, MARY ANN 11235 OSCEOLA DRIVE NEW PORT RICHEY, FL 34654	Name Street Address (P.O. Box Number is Not Acceptable): 6710 Embassy Blvd. Suite 204 City: Port Richey FL Zip Code: 34668

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VPD HANEY, BOB 7325 JULIAN ST. NEW PORT RICHEY, FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WOOD, CINDY 7204 JULIAN ST. NEW PORT RICHEY, FL 34653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Bob Faulkenberry 7205 Julian St. New Port Richey, FL 34653	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOUDREAU, MAXINE 6924 WOODRIDGE ESTATES NEW PORT RICHEY, FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FAULKENBERRY, DONNA 7205 JULIAN ST. NEW PORT RICHEY, FL 34653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Bill Wood 7204 Julian St. New Port Richey, FL 34653	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARANDO, TONY 7200 JULIAN STREET NEW PORT RICHEY, FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: William M. Wood WILLIAM M. WOOD 6-10-06 727-842-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #