



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90009 040 ****61.25

DOCUMENT # N98000003175					
1. Entity Name WOODRIDGE SOUTH HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business COASTAL MGT. 6710 EMBASSY BLVD SUITE 204 PORT RICHEY, FL 34668			Mailing Address PO BOX 1407 PORT RICHEY, FL 34673		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3683689	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MYSZKOWIAK, MARY ANN 6710 EMBASSY BLVD SUITE 207 PORT RICHEY, FL 34668				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 D NAME HANEY, BOB STREET ADDRESS 7325 JULIAN ST. CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete		TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME FAULKENBERRY, BOB STREET ADDRESS 7205 JULIAN ST CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Colin Parenton STREET ADDRESS 6919 Woodridge Estates Dr CITY-ST-ZIP New Port Richey FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME BOUDREAU, MAXINE STREET ADDRESS 6924 WOODRIDGE ESTATES CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME WOOD, BILL STREET ADDRESS 7204 JULIAN ST CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME MARANDO, TONY STREET ADDRESS 7200 JULIAN STREET CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete		TITLE PD NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE D NAME John Marando STREET ADDRESS 7300 Julian CITY-ST-ZIP New Port Richey FL 34653	<input checked="" 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.					
SIGNATURE _____ 4/27/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					