2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752076

Entity Name: WOODBERRY LAKES HOMEOWNERS ASSOCIATION, INC.

FILED Apr 06, 2017 Secretary of State CC0724059071

Current Principal Place of Business:

FIRST SERVICE RESIDENTIAL 11621 KEW GARDENS AVENUE SUITE 200 PALM BEACH GARDENS, FL 33410

Current Mailing Address:

FIRST SERVICE RESIDENTIAL 11621 KEW GARDENS AVENUE SUITE 200 PALM BEACH GARDENS, FL 33410 US

FEI Number: 59-2171323 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WORTMAN, SCOTT JESQ KORTE & WORTMAN, P.A 2041 VISTA PARKWAY STE 102 W PALM BEACH, FL 33411 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title DIRECTOR Name O'CONNOR, JAMES Name WHITE, DONALD

FIRST SERVICE RESIDENTIAL FIRST SERVICE RESIDENTIAL Address Address

11621 KEW GARDENS AVENUE 11621 KEW GARDENS AVENUE

SUITE 200 SUITE 200

PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 City-State-Zip: City-State-Zip:

Title SECRETARY, TREASURER Title

SCHIWIETZ, JOCHEN TEAHAN, THERESA Name Name

FIRST SERVICE RESIDENTIAL FIRST SERVICE RESIDENTIAL Address Address

11621 KEW GARDENS AVENUE 11621 KEW GARDENS AVENUE

SUITE 200 SUITE 200

PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

Name DECARIO, RAY Name CURRY, GEORGE SCOTT

1930 COMMERCE LANE FIRST SERVICE RESIDENTIAL Address Address

SUITE #1 11621 KEW GARDENS AVENUE

SUITE 200 JUPITER FL 33458

PALM BEACH GARDENS FL 33410 City-State-Zip:

Title DIRECTOR

City-State-Zip:

Title **DIRECTOR** Name SHEPPARD, SCOTT

Name AUERBACH, PAUL Address FIRST SERVICE RESIDENTIAL

11621 KEW GARDENS AVENUE FIRST SERVICE RESIDENTIAL Address

11621 KEW GARDENS AVENUE SUITE 200

SUITE 200 PALM BEACH GARDENS FL 33410

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip:

I hereby 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 all other like empowered.

VΡ 04/06/2017 SIGNATURE: THERESA TEAHAN