FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:06

DOCUMENT # **729670** **(0)**

1. Corporation Name

ASSOCIATION OF WOODSIDE VILLAGE EAST, INC.

Principal Place of Business	Mailing Address
830 S. TAMIAMI TR. OSPREY FL 34229 US	830 S. TAMIAMI TR. OSPREY FL 34229 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1974
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-1555345 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

LIGHTHOUSE MANAGEMENT AND REALTY
830 S. TAMIAMI TR.
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE	P	☐ Change ☑ Addition
NAME	HAMALA, EDITH	12 NAME	Evelyn Flagg	
STREET ADDRESS	2235 CIRCLEWOOD DR	13 STREET ADDRESS	2210 circlewood Dr.	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	Sarasota, Fl. 34231	
TITLE	S	21 TITLE	D	☐ Change ☑ Addition
NAME	BARNES, PATRICIA	22 NAME	Milton Halpert	
STREET ADDRESS	6950 WOODWIND DR	23 STREET ADDRESS	6906 Woodwind Dr.	
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	Sarasota, Fl. 34231	
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	OHARA, RUSSELL	32 NAME		
STREET ADDRESS	2209 CIRCLEWOOD DR	33 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☑ Change ☐ Addition
NAME	LOCKHART, FRANCES	42 NAME	Pasquale Abate	
STREET ADDRESS	2242 CIRCLEWOOD DR	43 STREET ADDRESS	45 Rock Avenue	
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	Watching, N.J. 07060	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BROWN, FRANK	52 NAME		
STREET ADDRESS	2211 CIRCLEWOOD DR	53 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP		
TITLE	AS	61 TITLE		☐ Change ☐ Addition
NAME	KEITH, LLOYD	62 NAME		
STREET ADDRESS	830 S TAMIAMI TR	63 STREET ADDRESS		
CITY-ST-ZIP	OSPREY FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Russell O'Hara Jr. RUSSELL O'HARA 4/4/95 974-3971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018122