

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**



3. Date Incorporated or Qualified
05/15/1974

3a. Date of Last Report
04/12/1995

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **Woodside Village East Inc**

26 **16 Church Street**

22 **16 Church Street**

27 Suite, Apt. #, etc.

23 **Osprey, Fl.**

28 **Osprey, Fl.**

24 **34229**

29 **34229**

25 **Sarasota**

30 **Sarasota**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIGHTHOUSE MANAGEMENT AND REALTY
830 S. TAMiami TR.
OSPREY FL 34229**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **16 Church Street**

84 City **Osprey**

85 FL **34229**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent, and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-96

12. OFFICERS AND DIRECTORS

TITLE **VP** ☒ DELETE
NAME **HAMALA, EDITH**
STREET ADDRESS **2235 CIRCLEWOOD DR**
CITY - ST - ZIP **SARASOTA FL**

TITLE **S** ☐ DELETE
NAME **BARNES, PATRICIA**
STREET ADDRESS **6950 WOODWIND DR**
CITY - ST - ZIP **SARASOTA FL**

TITLE **T** ☐ DELETE
NAME **OHARA, RUSSELL**
STREET ADDRESS **2209 CIRCLEWOOD DR**
CITY - ST - ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE
NAME **ABATE, PASQUALE**
STREET ADDRESS **45 ROCK AVENUE**
CITY - ST - ZIP **WATCHING NJ**

TITLE **D** ☐ DELETE
NAME **BROWN, FRANK**
STREET ADDRESS **2211 CIRCLEWOOD DR**
CITY - ST - ZIP **SARASOTA FL**

TITLE **AS** ☐ DELETE
NAME **KEITH, LLOYD**
STREET ADDRESS **830 S TAMiami TR**
CITY - ST - ZIP **OSPREY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Enryn Flagg P** ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS **2210 Circlewood Drive**
1.4 CITY - ST - ZIP **Sarasota, FL. 34231**

2.1 TITLE **Sally Rosen VP** ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS **6930 Woodwind Drive**
2.4 CITY - ST - ZIP **Sarasota, FL. 34231**

3.1 TITLE **Milton Halpert D** ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS **6906 Woodwind Drive**
3.4 CITY - ST - ZIP **Sarasota, FL. 34231**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

(Signature and typed or printed name of signing officer or director)

4-9-96

941 966 6844

Date

Daytime Phone

CR2E037 (12/95)