

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

2100 CONSTITUTION
110
SARASOTA FL 34231
US

2100 CONSTITUTION
110
SARASOTA FL 34231
US

3. Date Incorporated or Qualified

05/15/1974

4. FEI Number

59-1555345

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARGUS PROPERTY MANAGEMENT
2100 CONSTITUTION
110
SARASOTA FL 34231

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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FLAGG, EVELYN
STREET ADDRESS 2210 CIRCLEWOOD DR
CITY-ST-ZIP SARASOTA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD
NAME BARNES, PATRICIA
STREET ADDRESS 6950 WOODWIND DR
CITY-ST-ZIP SARASOTA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME OHARA, RUSSELL
STREET ADDRESS 2209 CIRCLEWOOD DR
CITY-ST-ZIP SARASOTA FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

TITLE VPD
NAME ROSEN, SALLY
STREET ADDRESS 6930 WOODWIND
CITY-ST-ZIP SARASOTA FL

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

TITLE AS
NAME ASARCH, LARRY
STREET ADDRESS 2100 CONSTITUTION
CITY-ST-ZIP SARASOTA FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Larry Asarch 2-2-98 941 907 6464

CF2E037 (10/97)