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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **729670**

1. Corporation Name

ASSOCIATION OF WOODSIDE VILLAGE EAST, INC.

Principal Place of Business	Mailing Address
2100 CONSTITUTION 113 SARASOTA FL 34231 US	2100 CONSTITUTION 113 SARASOTA FL 34231 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	05/15/1974
22 Suite, Apt. #, etc. 113	27 Suite, Apt. #, etc. 113	4. FEI Number 59-1555345 ☐ Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip 25 Country	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ARGUS PROPERTY MANAGEMENT
2100 CONSTITUTION
110
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name

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

83 113

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 _____ 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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FLAGG, EVELYN		1.2 NAME	OLEWNICZAK, DOMINIC	
STREET ADDRESS	2210 CIRCLEWOOD DR		1.3 STREET ADDRESS	2208 CIRCLEWOOD	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	BARNES, PATRICIA		2.2 NAME	DALY, ELIZABETH	
STREET ADDRESS	6950 WOODWIND DR		2.3 STREET ADDRESS	6809 WOODWIND	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	OHARA, RUSSELL		3.2 NAME		
STREET ADDRESS	2209 CIRCLEWOOD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	ABATE, PASQUALE		4.2 NAME	HAMALA, EDITH	
STREET ADDRESS	45 ROCK AVENUE		4.3 STREET ADDRESS	2235 CIRCLEWOOD	
CITY-ST-ZIP	WATCHING NJ		4.4 CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VPD	☒ DELETE	5.1 TITLE	VPD	☒ Change ☐ Addition
NAME	ROSEN, SALLY		5.2 NAME	LESTER, GEORGE	
STREET ADDRESS	6930 WOODWIND		5.3 STREET ADDRESS	6912 WOODWIND	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ASARCH, LARRY		6.2 NAME		
STREET ADDRESS	2100 CONSTITUTION		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: L. SIGNATURE REQUIRED Asarch 1-6-99 941 927 6464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #