2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 25, 2004 8:00 am **Secretary of State** DOCUMENT # 729670 1. Entity Name 02-25-2004 90037 019 ****61.25 ASSOCIATION OF WOODSIDE VILLAGE EAST, INC. Principal Place of Business Mailing Address P O BOX 25065 2477 STICKNEY PT RD SARASOTA FL 34277 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-1555345 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARGUS PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 2477 STICKNEY PT RD #118A SARASOTA FL 34231 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition DEAL, TERRI NAME NAME 6926 WOODWIND DR STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Addition WOODS, RICHARD NAME NAME 2229 CIRCLEWOOD STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCALES, LOIS NAME NAME. 2209 CIRCLEWOOD DR STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP VD TITLE ☐ Change ☐ Delete TITLE ☐ Addition FLAGG, EVELYN NAME NAME 2210 CIRCLEWOOD DR STREET ADDRESS STREET ADDRESS WATCHING NJ CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DONNELY, JOSEPH NAME NAME 2207 CIRCLEWOOD DR. STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP AS TITLE ☐ Delete TITLE ☐ Change ☐ Addition ASARCH, LARRY NAME NAME P OBOX 25065 STREET ADDRESS STREET ADDRESS SARASOTA FL 34277 CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TOPED OR PRIN

FILED