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Feb 17 1997 8:00am
Secretary of State



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

NONPROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # **745267** (5)
1. Corporation Name
WOODSIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
4215 EAST BAY DRIVE CLEARWATER FL 34624-6949 US **4215 EAST BAY DRIVE CLEARWATER FL 34624-6949 US**

3. Date Incorporated or Qualified **12/15/1978** 3a. Date of Last Report **02/27/1996**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-1982401	<input type="checkbox"/> Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**RAMPART PROPERTIES, INC
10033 NINTH STREET NORTH
ST. PETERSBURG FL 33713**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	Treasure	<input type="checkbox"/> DELETE
NAME	AMATI, TONY	
STREET ADDRESS	425 E. BAY DR (908)	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SILAS, JANE	
STREET ADDRESS	4215 EAST BAY DR	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FOHRMEISTER, ROBERT	
STREET ADDRESS	4215 E. BAY DR. (1801-G)	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	LORD, PAT	
STREET ADDRESS	4215 E BAY DR #1412-D	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STALEY, DONNA	
STREET ADDRESS	4215 E. BAY DRIVE UNIT 1602-B	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHINE, JOAN	
STREET ADDRESS	4215 E. BAY DR. (1401-B)	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jerry Gladden	
1.3 STREET ADDRESS	4215 East Bay Drive (1402-B)	
1.4 CITY-ST-ZIP	Clearwater, Fl. 34624-6949	
2.1 TITLE	(D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Paul Ceffalio	
2.3 STREET ADDRESS	4215 East Bay Drive (1602-D)	
2.4 CITY-ST-ZIP	Clearwater, Fl. 34624-6949	
3.1 TITLE	(D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Marge Herbes	
3.3 STREET ADDRESS	4215 East Bay Drive (1605-C)	
3.4 CITY-ST-ZIP	Clearwater, Fl. 34624-6949	
4.1 TITLE	(D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Robert Herman (1412-)	
4.3 STREET ADDRESS	4215 East Bay Drive	
4.4 CITY-ST-ZIP	Clearwater, Fl. 34624-6949	
5.1 TITLE	(D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Valerie Schwoerer	
5.3 STREET ADDRESS	2084 Dawn Drive	
5.4 CITY-ST-ZIP	Clearwater, Fl. 34623	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Jerry Gladden* **Jerry Gladden** President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **Jan 10 1997** 524-2953
Daytime Phone # **0087890**

CR2E037 (9/96)