

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 17 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 # 745267 (5)  
1. Corporation Name  
WOODSIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 12/15/1978  
4. FEI Number: 59-1982401

2. Principal Place of Business (21-24) and Mailing Address (25-28) fields for Suite, Apt. #, City & State, Zip, and Country.

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: RAMPART PROPERTIES, INC 10033 NINTH STREET NORTH ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent: Sterling Management 1301 Seminole Blvd #172 Largo FL 33770

11. Pursuant to the provisions of Section 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 provisions of, Section 617.0503, Florida Statutes.  
SIGNATURE: [Signature] DATE: 2/10/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: AMATI, TONY	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: AMATI, TONY		1.2 NAME: Ceppalio, Paul	
STREET ADDRESS: 425 E. BAY DR (906)		1.3 STREET ADDRESS: 425 E Bay DR (1602-D)	
CITY-ST-ZIP: CLEARWATER, FL 00000		1.4 CITY-ST-ZIP: Clearwater, FL 33764	
TITLE: D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: Vice Pres.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CEFFALJO, PAUL		2.2 NAME: Ken Kirby	
STREET ADDRESS: 4215 EAST BAY DRIVE (1802-D)		2.3 STREET ADDRESS: 4215 East Bay Dr (1412A)	
CITY-ST-ZIP: CLEARWATER, FL 00000		2.4 CITY-ST-ZIP: Clearwater, FL 33764	
TITLE: SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: Sect.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FOHRMEISTER, ROBERT		3.2 NAME: Jerry Gladden #1408B	
STREET ADDRESS: 4215 E. BAY DR. (1801-G)		3.3 STREET ADDRESS:	
CITY-ST-ZIP: CLEARWATER, FL 00000		3.4 CITY-ST-ZIP:	
TITLE: VP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: Treas.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LORD, PAT		4.2 NAME: John Rentovich #1015B	
STREET ADDRESS: 4215 E BAY DR #1412-D		4.3 STREET ADDRESS:	
CITY-ST-ZIP: CLEARWATER, FL 00000		4.4 CITY-ST-ZIP:	
TITLE: D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: Dir.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STALEY, DONNA		5.2 NAME: Bob Herman #1412C	
STREET ADDRESS: 4215 E. BAY DRIVE UNIT 1602-B		5.3 STREET ADDRESS:	
CITY-ST-ZIP: CLEARWATER FL		5.4 CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	6.1 TITLE: Dir.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCHWOERER, VALERIE		6.2 NAME: Margarita Herbes #1605C	
STREET ADDRESS: 2084 DAWN DRIVE		6.3 STREET ADDRESS:	
CITY-ST-ZIP: CLEARWATER FL		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 as an attachment with an address.

SIGNATURE: [Signature] DATE: 1/15/98 DAYTIME PHONE: 539-7075

CR2E037 (10/97)