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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 745267

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



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

12/15/1978

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4. FEI Number

59-1982401

Applied For

Not Applicable

City & State

23

City & State

28

5. Certificate of Status Desired

-\$8.75 Additional Fee Required

Zip

Country

24

25

Zip

Country

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STERLING MANAGEMENT
 1301 SEMINOLE BLVD #172
 LARGO FL 33770

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	P	<input type="checkbox"/> DELETE
NAME	CEFFALIO, PAUL	
STREET ADDRESS	4215 E BAY DR (1602-0)	
CITY-ST-ZIP	CLEARWATER, FL 00000 33764	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KIRBY, KEN	
STREET ADDRESS	4215 E BAY DR (1412A)	
CITY-ST-ZIP	CLEARWATER, FL 00000 33764	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GLADDEN, JERRY	
STREET ADDRESS	4215 E BAY DR (1408B)	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RETOVICH, JOHN	
STREET ADDRESS	4215 E BAY DR (1015B)	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERMAN, BOB	
STREET ADDRESS	4215 E BAY DR (1412C)	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERBES, MARGARITA	
STREET ADDRESS	4215 E BAY DR (1605C)	
CITY-ST-ZIP	CLEARWATER FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S JOHN JANDA
3.3 STREET ADDRESS	4215 E. BAY DR. (1207C)
3.4 CITY-ST-ZIP	CLEARWATER, FL 33764
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D HERB VOLKER
5.3 STREET ADDRESS	4215 E. BAY DR (1606A)
5.4 CITY-ST-ZIP	CLEARWATER, FL 33764
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D JAMES MANNIX
6.3 STREET ADDRESS	4215 E. BAY DR (1208A)
6.4 CITY-ST-ZIP	CLEARWATER FL 33764

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:

Signature of Paul Ceffalio (PRES) 1/7/99

Date

727-5397075

Daytime Phone #

CR2E037 (11/98)