

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90187 032 ****61.25

DOCUMENT # 745267

1. Entity Name

WOODSIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4215 EAST BAY DRIVE
 CLEARWATER FL 33764-6949
 US

Mailing Address

4215 EAST BAY DRIVE
 CLEARWATER FL 33764-6949
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1982401

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ASSOCIATION
WOODSIDE VILLAGE CONDO. ASSOCIATION, INC.
4215 EAST BAY DRIVE
CLEARWATER FL 33764-6949

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

Richard L. Green

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/28/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CEFFALIO, PAUL	
STREET ADDRESS	4215 E BAY DR (1602-0)	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	P	<input type="checkbox"/> Delete
NAME	GREEN, RICHARD	
STREET ADDRESS	4215 EAST BAY #107	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JANDA, JOHN	
STREET ADDRESS	4215 EAST BAY DRIVE #1207C	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	T	<input type="checkbox"/> Delete
NAME	RETOVICH, JOHN	
STREET ADDRESS	4215 E BAY DR (1015B)	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERMAN, ROBERT	
STREET ADDRESS	4215 EAST BAY DRIVE #1412C	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHINE, JOAN	
STREET ADDRESS	4215 EAST BAY DRIVE #1401B	
CITY-ST-ZIP	CLEARWATER FL 33764	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARCK, PAUL	
STREET ADDRESS	4215 EAST BAY DR (109)	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKEY, MAUREEN	
STREET ADDRESS	4215 EAST BAY DR. (1301)	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

RICHARD L. GREEN
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02

DATE

1-727-539-7075

DAYTIME PHONE #

CR2E037 (9/01)