


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90024 045 \*\*\*\*61.25

<b>DOCUMENT # 745267</b>					
1. Entity Name <b>WOODSIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4215 EAST BAY DRIVE CLEARWATER, FL 33764-6949 US</b>			Mailing Address <b>4215 EAST BAY DRIVE CLEARWATER, FL 33764-6949 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01302004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>59-1982401</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WOODSIDE VILLAGE CONDO ASSOCIATION 4215 EAST BAY DRIVE CLEARWATER, FL 33764-6949</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
6. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARCK, PAUL		NAME	Carl Lewis	
STREET ADDRESS	4215 EAST BAY DR 109		STREET ADDRESS	4215 East Bay Drive #108	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	Clearwater FL 33764	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, RICHARD		NAME	Kenneth Schierer	
STREET ADDRESS	4215 EAST BAY #107		STREET ADDRESS	4215 East Bay Drive #1208 B	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	Clearwater FL 33764	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMOVICH, ANN		NAME	Simovich, Ann	
STREET ADDRESS	4215 EAST BAY DR 1301		STREET ADDRESS	4215 East Bay Drive #1508 A	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	Clearwater FL 33764	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENTOVICH, JOHN		NAME	Ralph Klingler	
STREET ADDRESS	4215 E BAY DR (1015B)		STREET ADDRESS	4215 East Bay Drive #1411 A	
CITY-ST-ZIP	CLEARWATER, FL		CITY-ST-ZIP	Clearwater FL 33764	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBES, MARGERITE		NAME	Herbes, Marguerite	
STREET ADDRESS	4215 EAST BAY DRIVE #1412C		STREET ADDRESS	4215 East Bay Drive #1605 C	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	Clearwater FL 33764	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHINE, JOAN		NAME	Jean Ruman	
STREET ADDRESS	4215 EAST BAY DRIVE #1401B		STREET ADDRESS	4215 East Bay Drive #302	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	Clearwater FL 33764	
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: <u>Marguerite Herbes</u>			Date: <u>1-30-04</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		