


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90182 041 \*\*\*\*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  
**C/O CMC, INC  
 4175 EAST BAY DRIVE STE 205  
 CLEARWATER FL 33764  
 US**

Date: 3/7/06  


2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

4. FEI Number **59-1982401** Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**COMMUNITY MANAGEMENT CONCEPTS INC  
 4175 EAST BAY DR STE 205  
 CLEARWATER FL 33764**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SCHIERER, KEN</b> <b>4215 EAST BAY DR #1208B</b> <b>CLEARWATER FL 33764</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHUTCHMAN, THOMAS</b> <b>4215 EAST BAY DR #300</b> <b>CLEARWATER FL 33764</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIMOVICH, ANN</b> <b>4215 EAST BAY DRIVE # 1508A</b> <b>CLEARWATER FL 33764</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEWIS, CARL</b> <b>4215 EAST BAY DRIVE # 108</b> <b>CLEARWATER FL 33764</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BRANNIGAN, JOANN</b> <b>4215 EAST BAY DR #1604B</b> <b>CLEARWATER FL 33764</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHINE, JOAN</b> <b>4215 EAST BAY DRIVE #1401B</b> <b>CLEARWATER FL 33764</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>John Janda</b> <b>4215 E. Bay Dr. # 1207C</b> <b>Clearwater, FL 33764</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Bob Elkin</b> <b>4215 E Bay Dr. 1209A</b> <b>Clearwater, FL 33764</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Ron Shogren</b> <b>4215 E Bay Dr. 1203A</b> <b>Clearwater, FL 33764</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Rogan Taylor</b> <b>4215 E Bay Dr 1601C</b> <b>Clearwater, FL 33764</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Andy Mantorano</b> <b>4215 E Bay Drive</b> <b>Clearwater</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: John Janda Date: 3/2/06