



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90038 002 \*\*\*\*61.25

<b>DOCUMENT # 745267</b>					
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			
2. Principal Place of Business - No P.O. Box #		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 <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COMMUNITY MANAGEMENT CONCEPTS INC 4175 EAST BAY DR STE 205 CLEARWATER, FL 33764			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 _____					
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANDA, JOHN		NAME	ANDY MARTOTANO	
STREET ADDRESS	4215 E BOY DR 1207C		STREET ADDRESS	4215 EAST BAY DR - 1405	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHUTCHMAN, THOMAS		NAME	RON SHOGREN	
STREET ADDRESS	4215 EAST BAY DR #300		STREET ADDRESS	4215 EAST BAY DR - 1203A	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMOVICH, ANN		NAME	ROGER TAYLOR	
STREET ADDRESS	4215 EAST BAY DRIVE # 1508A		STREET ADDRESS	4215 EAST BAY DR - 1601C	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, CARL		NAME		
STREET ADDRESS	4215 EAST BAY DRIVE # 108		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANNIGAN, JOANN		NAME		
STREET ADDRESS	4215 EAST BAY DR #1604B		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKIN, BOB		NAME		
STREET ADDRESS	4215 E BAY DR 1209A		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	

