

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745267

FILED  
Mar 20, 2012  
Secretary of State

**Entity Name:** WOODSIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4215 EAST BAY DRIVE  
CLEARWATER, FL 337646949 US

**New Principal Place of Business:**

**Current Mailing Address:**

4215 EAST BAY DRIVE  
CLEARWATER, FL 337646949 US

**New Mailing Address:**

FEI Number: 59-1982401

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT CONCEPTS, INC.  
4585 140TH AVE. NORTH, SUITE 1012  
CLEARWATER, FL 33762 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: JANDA, JOHN  
Address: 4215 EAST BAY DRIVE, UNIT #1207-C  
City-St-Zip: CLEARWATER, FL 33764

Title: DIR  
Name: MASUR, SANDY  
Address: 4215 EAST BAY DRIVE, UNIT #1207-C  
City-St-Zip: CLEARWATER, FL 33764

Title: PRES  
Name: SHOGREN, RONALD  
Address: 5104 N. KOLMAR  
City-St-Zip: CHICAGO, IL 60630

Title: SEC  
Name: WICK, MICHAEL  
Address: 6118 N. LEGETTE AVENUE  
City-St-Zip: CHICAGO, IL 60646

Title: TREA  
Name: BRANNIGAN, JOANN  
Address: 6330 N TRIPP  
City-St-Zip: CHICAGO, IL 60646

Title: DIR  
Name: TAYLOR, ROGER  
Address: 5415 SHERIDAN RD. APT 5304  
City-St-Zip: CHICAGO, IL 60631

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RON SHOGREN

PD

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date