

FILE NOW: FILING FEE IS \$61.25

1 of 2

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749801 (7)
1. Corporation Name

WOOD STREET CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1801 GLENGARY STREET SARASOTA FL 34231-0603
Mailing Address: 1801 GLENGARY STREET SARASOTA FL 34231-0603

3. Date Incorporated or Qualified: 11/14/1979
3a. Date of Last Report: 04/13/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 59-1961149
Applied For: Not Applicable

Suite, Apt. #, etc.: 22
27

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

City & State: 23
28

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24
Country: 25
29
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDOMINIUM MANAGEMENT, INC.
1801 GLENGARY STREET
SARASOTA FL 34231-0603

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering.) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|--|
| TITLE | VD <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEATH, JUDITH | 1.2 NAME | |
| STREET ADDRESS | 414 MONROE DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | |
| NAME | BENDER, FREDERICK | 2.2 NAME | |
| STREET ADDRESS | 2155 WOOD ST #A10 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 2.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | |
| NAME | POST, SHERI | 3.2 NAME | |
| STREET ADDRESS | 3331 HUNTINGTON PLACE DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | |
| NAME | TRIMBLE, HENRY | 4.2 NAME | |
| STREET ADDRESS | 2155 WOOD ST #B-01 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 4.4 CITY-ST-ZIP | |
| TITLE | AS <input type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | CLARK, P. R | 5.2 NAME | |
| STREET ADDRESS | 1801 GLENGARY ST | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

SEE ATTACHED

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Richard Clark
Date: 3/5/96 Daytime Phone #: 941-921-5393

CR2E037 (12/95)

WST

Wood Street Condominium Association, Inc

Manager TOM

Local Address

P/D ✓

Mr. Frederick Bender
2155 Wood St., #A10
Sarasota, FL 34237

V/D ✓

Mr. Daniel Thompson
854 Hudson Ave.
Sarasota, Florida 34237

S/D ✓

Ms. Josephine Jansen
2155 Wood Street, #B7
Sarasota, FL 34237

T/D ✓

Mr. Henry Trimble
2155 Wood Street, #B-01
Sarasota, Florida 34237

D ✓

Mr. Benedict Thelsen
2155 Wood Street
Unit #B4
Sarasota, FL 34237

A/S ✓

P. Richard Clark
1801 Glengary Street
Sarasota, FL