

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34231-3803
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3. Date Incorporated or Qualified 11/14/1979	3a. Date of Last Report 04/10/1996
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2. Principal Place of Business 21 Suite, Apt #, etc.	2a. Mailing Address 26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Country	25 Country

4. FEI Number 59-1961149	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CONDOMINIUM MANAGEMENT, INC.
1801 GLENGARY STREET
SARASOTA FL 34231-0603**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, DANIEL	1.2 NAME	
STREET ADDRESS	854 HUDSON AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDER, FREDERICK	2.2 NAME	
STREET ADDRESS	2155 WOOD ST #A10	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANSEN, JOSEPHINE	3.2 NAME	
STREET ADDRESS	2155 WOOD ST., #B-7	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIMBLE, HENRY	4.2 NAME	
STREET ADDRESS	2155 WOOD ST #B-01	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEISEN, BENEDICT	6.2 NAME	
STREET ADDRESS	2155 WOOD ST., #B-4	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237	6.4 CITY-ST-ZIP	

SEE ATTACHED

14. I do 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 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: *P. Richard Clark* 4/23/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **P. Richard Clark**
Daytime Phone #: **941-921-5393**

CR2E037 (9/96)

WST

Wood Street Condominium Association, Inc

Manager: TOM

2155 Wood Street

Sarasota

Date Printed 12/16/96

Page
Tel Acct

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237

P/D

Mr. Frederick Bender

Local Address

2155 Wood St., #A10
Sarasota, FL 34237

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V/D

Mr. Daniel Thompson

Local Address

854 Hudson Ave.
Sarasota, Florida 34237

S/D

Ms. Sandy Piper

Local Address

2155 Wood Street, #A-19
Sarasota, Florida 34237

T/D

Ms. Josephine Jansen

Local Address

2155 Wood Street, #B7
Sarasota, FL 34237

134

D

Mr. Benedict Theisen

Local Address

2155 Wood Street
Unit #B4
Sarasota, FL 34237

AS

P. Richard Clark

Local Address