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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
1801 GLENGARY STREET SARASOTA FL 34231-0603
1801 GLENGARY STREET SARASOTA FL 34231-0603

3. Date Incorporated or Qualified
11/14/1979
4. FEI Number 59-1961149 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, DANIEL	
STREET ADDRESS	854 HUDSON AVE.	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BENDER, FREDERICK M	
STREET ADDRESS	2155 WOODS ST., A10	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JANSEN, JOSEPHINE	
STREET ADDRESS	2155 WOOD ST., #B-7	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JANSEN, JOSEPHINE M	
STREET ADDRESS	2155 WOOD ST., #B7	
CITY-ST-ZIP	SARASOTA FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CLARK, P. R	
STREET ADDRESS	1801 GLENGARY ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THEISEN, BENEDICT	
STREET ADDRESS	2155 WOOD ST., #B-4	
CITY-ST-ZIP	SARASOTA FL 34237	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

SEE ATTACHED

14. I 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 by an attachment with an address.

SIGNATURE: *P. Richard Clark* P. Richard Clark
4/14/98 941-921-5393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063030

CR2E037 (10/97)

WST**Wood Street Condominium Association, Inc**

Page : 1

Manager TOM

Local Address

Date Printed:

1/12/98

Code

P/D

Mr. Peter Horstman
2155 Wood St., #B8
Sarasota, FL 34237

10

V/D

Ms. Pat Post
2155 Wood Street #A-15
Sarasota, Florida 34237

12

S/D

Ms. Sandy Piper
2155 Wood Street, #A-19
Sarasota, Florida 34237

25

T/D

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

30

D

Ms. Catherine Coleman
2155 Wood Street
Unit #A26
Sarasota, FL 34237

40

AS

P. Richard Clark
1801 Glengary St.
Sarasota, FL 34231

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