

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

4-13-95 347 C

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **759604** (2)

95 APR 13 PM 2:30

1. Corporation Name
WOODSIDE TERRACE CONDOMINIUM ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/12/1981** 3a. Date of Last Report **04/04/1994**
4. FEI Number **59-2436622** Applied For Not Applicable

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and the 4 applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ABELL, HERBERT
STREET ADDRESS	7193 WOOD CR DR
CITY - ST - ZIP	SARASOTA FL
TITLE	VD
NAME	GUIDUCCI, BILL
STREET ADDRESS	7166 WOOD CR DR
CITY - ST - ZIP	SARASOTA FL
TITLE	SD
NAME	BENNETT, ELIZABETH
STREET ADDRESS	7243 WOOD CREEK DRIVE
CITY - ST - ZIP	SARASOTA FL
TITLE	TD
NAME	WHITE, THOMAS
STREET ADDRESS	7147 WOOD CREEK DR.
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	FALLIS, LAWRENCE
STREET ADDRESS	7205 WOOD CREEK DR
CITY - ST - ZIP	SARASOTA FL
TITLE	AS
NAME	CLARK, P RICHARD
STREET ADDRESS	1801 GLENGARY ST
CITY - ST - ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	William C. Camell
1.3 STREET ADDRESS	6308 Midnight Pass Rd
1.4 CITY - ST - ZIP	# 116
2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	PD
2.3 STREET ADDRESS	SEE ATTACHED
2.4 CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	TD Wilmer Ifill
3.3 STREET ADDRESS	7167 Wood Creek Dr
3.4 CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
4.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	VD
4.3 STREET ADDRESS	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
4.4 CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
5.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
5.3 STREET ADDRESS	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
5.4 CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
6.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
6.3 STREET ADDRESS	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
6.4 CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE: **P. Richard Clark** 3/2/95 813/921-5393
Date (Typed Name)

WDT

Woodside Terrace Condominium Association, Inc.

759609

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Manager **TOM**

Local Address

Date Printed: 3/14/95
Alternate Address

P/D
Mr. Bill Guidacci
7166 Wood Creek Drive
Sarasota, Florida 34231

V/D
Mr. Lawrence Fallis
7205 Wood Creek Drive
Sarasota, Florida 34231

S/D
Ms. Elizabeth Bennett
7243 Wood Creek Drive
Sarasota, Florida 34231

T/D
Mr. Wilmer M. Inll
7167 Wood Creek Drive
Sarasota, Florida 34231

D
Mr. William C. Carroll
6308 Midnight Pass Road
Villa #16
Sarasota, FL 34231

A/S
P. Richard Clark
1801 Glengary Street
Sarasota, FL