FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

CLARK, P RICHARD

1801 GLENGARY ST

SARASOTA FL

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

759604

(2)

WOODSIDE TERRACE CONDOMINIUM ASSOCIATION, INC.

| Principal Pla | ace of Business | Mailing Address | | | b abmater angele ablift eterne miert mittel dien urmen memer menen difter ertere anne | | | | |
|----------------------------|--|--|--|--|---|--|---------------------------------|--|--|
| | MARY STREET FL 34231-0803 | 1801 GLENGARY STREET SARASOTA FL 34231-3603 | | | | | | | |
| | | | | | 3. Date Incorporated or Qualified 08/12/1981 | 3a. Date of Last 04/10/1 | | | |
| 2. Principal 21 | Place of Business | 2a. Mailing Address 26 | | | 4. FEI Number Applied Fo 59-2436622 Not Applied | | | | |
| Suite, Ap | ot. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | |
| City & St | lale | City & State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| Zip 24 | 25 29 30 | | | Country 8. This corporation has liability for intangible tay under s. 199.032, Florida Statutes Yes No | | | | | |
| | 9. Name and Address of Curren | l Registered Agent | | | 10. Name and Address of New R | Registered Agent | | | |
| | | | 8 | 1 Name | | | | | |
| | OOMINIUM MANAGEMENT, INC. GLENGARY STREET | | 6 | 2 Street Add | ress (P.O. Box Number is Not Acceptable) | | | | |
| SARA | SOTA FL 34231 | | 8 | 3 | | | | | |
| | | | | 4 City | | | p Code | | |
| 11. Pursual office o agent | nt to the provisions of Sections 617.050; or registered agent, or both, in the State I am familiar with, and accept the oblige | 2 and 617.1508, Florida Statu of Florida. Such change was ations of, Section 617.0503, Fl | tes, the abo authorized orida Statul | ove-named corpora by the corpora es. | poration submits this statement for the tion's board of directors. I hereby acc | e purpose of changing ept the appointment a | its registered is registered | | |
| SIGNATURE | E | the state of another black in the state of t | VE. Basistand | and disease in the | to all when so instables | DATE | | | |
| 12. | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg OFFICERS AND DIRECTORS | | | Istered Agent eignature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | | | DRS IN 12 | | |
| DILE | SD | DELETE | 1.1 TITL | | | Change | | | |
| NAME | CARROLL, WILLIAM C. | _ | 1.2 NAM | E | | - | | | |
| STREET ADDRES | | | 1.3 STRE | ET ADDRESS | | | | | |
| CITY-SI-ZIP | SARASOTA FL 34231 | | 1.4 CITY | -ST-ZIP | • | | | | |
| TITLE | PD | DELETE | 2.1 TITU | | THEL | Change | Additio | | |
| NAME | WHITE, THOMAS | | 2.2 NAM | E | TACIA | | | | |
| STREET ADORES | | | 2.3 STR | ET ADDRESS | T. | | | | |
| CITY-ST-ZIP | SARASOTA FL 34231 | | 2.4 CIT | ر-ST ر | EE ATT ACHED | | | | |
| TITLE | D | DELETE | 3.1 TITL | יכ " | | Change | Addition | | |
| NAME | MCCABE, PATRICK | | 3.2 NAM | | | | | | |
| STREET ADDRES | 5 7164 WOOD CREEK DRIVE | | 3.3 STAI | ET ADDRESS | | | | | |
| CITY - ST - ZIP | SARASOTA FL 34231 | | 3.4. CiT | /-ST-2IP | | | | | |
| TITLE | TD | ▼ DELETE | 4.1 TITL | E | | Change | Addition | | |
| NAME | IFILL, WILMER M | | 4. 2 NAA | AE . | | | • | | |
| STREET ADDRES | | | 4.3 STR | ET ADORESS | | | | | |
| CITY-ST-ZIP | SARASOTA FL 34231 | | | -ST-ZIP | | | 1111 2 2 2 2 2 2 | | |
| TITLE | VD | ☐ DELETE | 5.1 TITL | 1 | • | Change | Addition | | |
| NAME | FALLIS, LAWRENCE | | 52 NAM | ľ | | | | | |
| STREET ADDRES | | | | EET ADDRESS | | | | | |
| CITY-ST-ZIP | SARASOTA FL 34231 | T proste | | -ST-ZIP | | T (a) | L date: | | |
| TITLE | AS | ☐ DELETE | 6.1 TITL | E [| | Change Change | Addition | | |

14. Too 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 analysis of the supplemental annual resol is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the comparation or the receiver or trustes en powered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or flook 13 of langed, on an attachment of a statutes.

SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS

| WDT | Woodside Terr | Page: 1 | | | | |
|-----|---------------|--|---|---|--|--|
| | Manager TOM | Local Address | Date Printed: 3/19/97 Alternate Address | | | |
| P/D | | Mr. Thomas White 7147 Wood Creek Drive Sarasota, Florida 34231 | | • | | |
| V/D | | Mr. Patrick McCabe 7164 Wood Creek Drive Sarasota, Florida 34231 | | | | |
| S/D | | Mr. Lawrence Fallis 7205 Wood Creek Drive Sarasota, Florida 34231 | | | | |
| T/D | | Mr. Carl Seeger 7193 Wood Creek Drive Sarasota, Florida 34231 | | | | |
| Ď | | Mr. Ken Parnell 7263 Wood Creek Drive Sarasota, FL 34231 | ; | | | |
| AS | | P. Richard Clark | | | | |
| | | | | | | |