FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

WOODSIDE VILLAS CONDOMINIUM ASSOCIATION, INC.

FILED							
Feb 05 1998 8:00am							
Secretary of State							

Principal Place of Business Mailing Address						5.41. 5.51. 4.51. 5.41. §15(1.153)	
7200 S.W. 8TH AVE		7200 S.W. 8TH AVE			3. Date Incorporated or Qualified		
BOX 150 GAINESVILLE FL 32607		BOX 150 GAINESVILLE FL 32807	BOX 150 GAINESVILLE EL 32807		10/21/1983		
		Charles I F About			4. FEI Number	Applied For	
<u> </u>	N	The state of the s			59-2533650	Not Applicable	
2. Principal i	Place of Business	2a. Mailing Address	¬		5. Certificate of Status Desired	\$8.75 Additional	
Suite, Apt.	#. etc	Suite Apt # etc	Suite, Apt. #, etc.		6. Election Campaign Financing	Fee Required	
22		27			Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State City & State					7. Is this nonprofit corporation a homeowr		
23		28			☐ Yes ☐ No		
Zip			Country	1	8. This corporation owes or has paid the current year Intangible		
24	9, Name and Address of Curr	29 ant Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No	
	e, Hallo and Addition of Coll	ant negletores Agent	81	Name	10. Hame Bile Address of free Hagisters	o Agont	
ROSS, LARRY					(50.5)		
5538 NW 43RD ST.			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	VILLE FL 32606		83				
			84	City		85 Zip Code	
					F		
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 a	im familiar with, and accept the obl	igations of, Section 617.0503, Fl	orida Statute	S.			
SIGNATURE	Stoneture, typed or printed name of registered a	exect and title if emplicable (NO)	TC: Posietored Are	not eignature regu	uired when reinstating) DATE		
12.			13.	arit aidustries indr	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	TD	DELETE	1.1 TITLE			Change Addition	
NAME	ROSS, BONNIE		1,2 NAME				
STREET ADDRESS	5538 NW 43RD ST		1.3 STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL 32606		1.4 CITY - S	ST-ZIP			
TITLE	PD PIOU DI ALIANDIETZ	L_ DELETE	2.1 TITLE			Change Addition	
NAME	RICK BLAHAUVIETZ	00	2.2 NAME				
STREET ADDRESS	7200 SW 8TH AVENUE, #11 GAINESVILLE FL 32607	30	2.3 STREET	ľ			
CITY-ST-ZIP TITLE	VPD	DELETE	2. 4 CITY - : 3.1 TITLE	ST-ZIP		Change Addition	
NAME	AN OLD AREAST		3.2 NAME			Shange Addition	
STREET ADDRESS	7200 SW 8TH AVENUE #50		3.3 STREET	ADDRESS		ĺ	
CITY-ST-ZIP GAINESVILLE FL 32607			3.4. CITY-1				
TITLE		DELETE	4.1 TITLE	71-211		☐ Change ☐ Addition	
NAME		 **	4, 2 NAME			_ , _ ,	
STREET ADDRESS			4.3 STREET	ľ			
CITY-ST-ZIP			4.4 CITY - S				
TITLE		☐ DELETE	5.1 TiTLE		· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME	,		5.2 NAME	- 1			
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	1			
TITLE	<u> </u>	DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME	-			
STREET ADDRESS			6.3 STREET	ADDRESS			

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 on apparation of the corporation of the corpor

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1-12-98