2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 770946**

FILED May 14, 2002 8:00 am Secretary of State

05-14-2002 90205 006 ****61.25

1. Entity Name WOODSIDE VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal P	lace of Busine	ss	Mailing Address						
WOODSIDE VILLAS 7200 SW 8TH AVENUE #150 GAINESVILLE FL 32607			WOODSIDE VILLAS 7200 SW 8TH AVENUE #150 GAINESVILLE FL 32607						
2. Principal Place of Business			3. Mailing Address			 11 			
Suite Ant # etc						[[[[[[[[[[[[[[[[[[[\$1811 B(E)(\$181) E)(()	DEBUT BLOCK (CD)
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE	N THIS SPACE	
City & State			City & State		<u>;</u>	4. FEI Number	59-2533650		Applied For
Zip Country		Zip Cou		ntry	5. Certificate of Status Desired		\$8.75 A	Vot Applicable	
	6. Name	and Address of Current	Registered Agent	<u>L</u>	-			Fee Requir	red
			- Agom		Name		Idress of New Regi		
BOSSHARDT PROPERTY MANAGEMENT MARK J KEOHANE				ľ	Street Address (P.O. Box Number is Not Acceptable			·	ent Inc
7200 SW 8TH AVENUE #150			 		SW 844	AUR #/E			
GAINESVILLE FL 32607 The above named entity submits this statement for the purpose of changing its					نه ^{©City}	mesuille		FL Zip Coo	de 607
SIGNATURE	Ku	Ley Anders or primed ame of registered agents	on	<u> </u>	i	required when reinstating)		4/24/200 DATE	02
			i						
	FILE NOW	: FEE IS \$61.25	9. Election Car Trust Fund C			\$5.00 May Be Added to Fees	Make Depa	Check Payable artment of State	to e
10.		OFFICERS AND DIR	Trust Fund (n.	Added to Fees ADDITIONS/CHANG	Depa	artment of State	е
10.	TD	OFFICERS AND DIR	Trust Fund (11.	n.	Added to Fees ADDITIONS/CHANG RESIDENT	Depa ES TO OFFICERS A	artment of State	е
10.	TD THOMAS, I	OFFICERS AND DIR	Trust Fund (11. TITLE NAME	n.	Added to Fees ADDITIONS/CHANG PRESIDENT ENNIFER GO	Depa	Artment of State ND DIRECTORS IN Change	e N 10
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12. 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 report or supplemental 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 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP